

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/25/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968861	(X3) DATE SURVEY COMPLETED R 10/24/2017
NAME OF PROVIDER OR SUPPLIER THE MANOR AT LAKE MORTON, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 522 E LIME ST LAKELAND, FL 33801	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A desk review was conducted on 10/24/17 to the biennial state licensure survey of 9/27/17. At the time of the desk review, it was determined that the previously cited deficiencies had been corrected. (License # 12732)		