STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968995	**12/01/2017**
NAME OF PROVIDER OR SUPPLIER **LAKE HOUSE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1071 LAKE AVE NE** **LARGO, FL 33771**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

A complaint investigation, (CCR# 2017010970), was conducted on 12/1/17, in conjunction with an extended congregate care (ECC) monitoring visit. Lake House Assisted Living had no deficiencies at the time of the investigation.

(License # 12827)