STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942773	**12/04/2017**
NAME OF PROVIDER OR SUPPLIER **LAKE WIRE RETIREMENT CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **315 WEST PEACHTREE STREET** **LAKELAND, FL 33815**	

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

0000 - Initial Comments

Assisted Living Facility

A biennial state licensure survey with Limited Mental Health (LMH) was conducted at Lake Wire Retirement Center Assisted Living Facility on 12/4/2017. Lake Wire Retirement Center Assisted Living Facility had no deficient practice at the time of survey.

(License # 5874)