STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910284	R **11/27/2017**
NAME OF PROVIDER OR SUPPLIER **LEISURE MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **301 SOUTH MAIN AVENUE** **MINNEOLA, FL 34755**	

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

0000 - Initial Comments

On 12/22/17, a survey revisit for Biennial Licensure with Limited Mental Health and Limited Nursing Services was conducted by desk review for Leisure Manor ALF , Minneola, FL (license #5456) . Previously cited deficiencies were corrected.