STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965538	R **12/26/2017**
NAME OF PROVIDER OR SUPPLIER **HAWTHORNE INN LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **6150 LAKELAND HIGHLANDS ROAD** **LAKELAND, FL 33813**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 12/26/17 to the biennial state licensure survey with Extended Congregate Care (ECC) of 11/08/17. At the time of the desk review, it was determined that the previously cited deficiencies at Hawthorne Inn Lakeland had been corrected.

(License # 9877)