

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910284	(X3) DATE SURVEY COMPLETED R 01/18/2018
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

A follow up to an expansion survey was conducted on January 18, 2018 at Leisure Manor Assisted Living Facility, License #5456. Deficient practice was not identified during the survey.