STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911251	R **02/20/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLORIDA PRESBYTERIAN HMS, INC.	**16 LAKE HUNTER DRIVE** **LAKELAND, FL 33803**

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 2/20/18 to the biennial state relicensure survey with limited nursing services (LNS) of 01/03/18. At the time of the desk review, it was determined that the previously cited deficiencies at Florida Presbyterian Homes, Inc. had been corrected.

(License # 4790)