STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911245	R **02/01/2018**
NAME OF PROVIDER OR SUPPLIER **RESIDENCE RETIREMENT CTR., INC (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **208 MARVELINE DRIVE** **LAKELAND, FL 33815**	

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

0000 - Initial Comments

Assisted Living Facility

On February 1, 2018, a 2nd Revisit to a 10/17/17 Complaint survey, (CCR# 2017011080), in conjunction with a Biennial State Licensure survey with Limited Mental Health (LMH) was conducted at Residence Retirement Center. All previous cited deficiencies were corrected at the time of the visit. No deficiencies were identified during the visit.

(License # 5556)