

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911245	(X3) DATE SURVEY COMPLETED 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 Biennial State Licensure survey with Limited Mental Health (LMH) was conducted in conjunction with a 2nd Revisit to a 10/17/17 complaint survey, (CCR# 2017011080) at Residence Retirement Center, Assisted Living Facility. No deficiencies were identified at the time of the visit. License # 5556)		