STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968995	**03/01/2018**
NAME OF PROVIDER OR SUPPLIER **LAKE HOUSE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1071 LAKE AVE NE** **LARGO, FL 33771**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Biennial licensure survey with Extended Congregate Care (ECC) was conducted at the Lake House Assisted Living on 3/1/18.

The Lake House Assisted Living, Assisted Living Facility /License #12827, had no deficiencies at the time of this visit.