STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967788	R **03/07/2018**
NAME OF PROVIDER OR SUPPLIER **ARBOR OAKS AT LAKELAND HILLS**	STREET ADDRESS, CITY, STATE, ZIP CODE **4141 LAKELAND HILLS BLVD** **LAKELAND, FL 33805**	

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

0000 - Initial Comments

Assisted Living Facility

A desk review was conducted on 3/07/18 to the biennial state relicensure survey of 2/01/18. At the time of the desk review, it was determined that the previously cited deficiencies at Arbor Oaks at Lakeland Hills, Assisted Living Facility, had been corrected.

(License # 11751)