STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910101	R **03/26/2018**
NAME OF PROVIDER OR SUPPLIER **LAKELAND MANOR ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **747 BON AIR ST** **LAKELAND, FL 33805**	

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

0000 - Initial Comments

Assisted Living Facility (ALF)

A Revisit to 01/30/2018 Complaint Survey (CCR#: 2017015388) was conducted at Lakeland Manor Assisted Living Facility (ALF) on 03/26/2018. Lakeland Manor ALF had corrected all deficiencies previously cited on 01/30/2018. There were no new deficiencies identified.

(License#: 1047)