STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965538	**04/11/2018**
NAME OF PROVIDER OR SUPPLIER **HAWTHORNE INN LAKELAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **6150 LAKELAND HIGHLANDS ROAD** **LAKELAND, FL 33813**	

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

0000 - Initial Comments

Assisted Living Facility

On April 11, 2018 a Complaint (CCR#2018001270) survey was conducted at Hawthorne Inn Lakeland.
No deficiencies were identified during the visit.
(license #9877)