STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968729	R **04/16/2018**
NAME OF PROVIDER OR SUPPLIER **THE MANOR AT LAKE JACKSON**	STREET ADDRESS, CITY, STATE, ZIP CODE **2301 US 27 S** **SEBRING, FL 33870**	

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

0000 - Initial Comments

Assisted Living Facility (ALF)

A Revisit to 01/17/2018 Complaint Survey (CCR#: 2017014889) was conducted on 04/16/2018 at The Manor at Lake Jackson ALF. The Manor at Lake Jackson ALF had corrected previously cited deficiencies. There were no new deficiencies identified at the time of survey.

(License#: 12574)