STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11943056	R **04/25/2018**
NAME OF PROVIDER OR SUPPLIER **LAKESIDE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **676 UNION STREET** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

A revisit survey was conducted on 4/25/18 at Lakeside Manor. At the time of the survey, the facility had no deficient practice.

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