STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966320	**05/21/2018**
NAME OF PROVIDER OR SUPPLIER **NEW ERA ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **815 WEST DAUGHTERY RD** **LAKELAND, FL 33809**	

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

0000 - Initial Comments

Assisted Living Facility

On May 21, 2018 a Monitoring for Resident Well-Being in conjunction with Limited Nursing Services (LNS) monitoring visit was conducted at New Era Assisted Living. No deficiencies were identified during the visit.

(license # 10535)