

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966320	(X3) DATE SURVEY COMPLETED 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

A Limited Nursing Services (LNS) monitoring survey was conducted on 5/21/18.

The New Era Assisted Living, Assisted Living Facility /License #10535, had no deficiencies at the time of this visit.