

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968671	(X3) DATE SURVEY COMPLETED C 05/29/2018
NAME OF PROVIDER OR SUPPLIER LAKESHORE MANOR, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 960 W LAKESHORE DR CLERMONT, FL 34711	

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

0000 - Initial Comments

On May 29, 2018 a complaint investigation, #2018003421 was conducted at Lakeshore Manor Assisted Living Facility (license#12554). No deficient practice was found during the survey investigation.

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968671	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/29/2018
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

LAKESHORE MANOR, LLC

**960 W LAKESHORE DR
CLERMONT, FL 34711**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments On May 29, 2018 a complaint investigation, #2018003421 was conducted at Lakeshore Manor Assisted Living Facility (license#12554). No deficient practice was found during the survey investigation.	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE