

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969347	(X3) DATE SURVEY COMPLETED 07/24/2018
NAME OF PROVIDER OR SUPPLIER THE LANDING OF LAKE WORTH	STREET ADDRESS, CITY, STATE, ZIP CODE 9948 WOODWIND LANE LAKE WORTH, FL 33467	

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

0000 - Initial Comments

An initial Assisted Living Facility licensure survey with Limited Nursing Services was conducted on 7/24/18 at The Landings of Lake Worth, an Assisted Living Facility. The facility had no deficiencies at the time of the visit.