

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/10/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967173	(X3) DATE SURVEY COMPLETED R 08/09/2018
NAME OF PROVIDER OR SUPPLIER SOUTHERN LIFESTYLE ALF OF LAKE PLACID	STREET ADDRESS, CITY, STATE, ZIP CODE 1297 US 27 NORTH LAKE PLACID, FL 33852	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A follow-up to a 6/24/18 complaint survey was conducted on 8/9/18 for Southern Lifestyle Assisted Living of Lake Placid. The previously cited deficient practice was found corrected via desk review. License #11211