STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966804	R **08/03/2018**
NAME OF PROVIDER OR SUPPLIER **STONE LEDGE MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **12006 MCINTOSH ROAD** **THONOTOSASSA, FL 33592**	

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

0000 - Initial Comments

Assisted Living Facility

A revisit was conducted on 8/3/18 for Stone Ledge Manor. At the time of the survey, the facility had no deficient practice related to the revisit.

License # 11289