

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/17/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966804	(X3) DATE SURVEY COMPLETED 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 second revisit was conducted on 8/3/18 for Stone Ledge Manor. The deficient practice previously cited on 4/6/18 was corrected during the revisit. License # 11289		