

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964586	(X3) DATE SURVEY COMPLETED 07/27/2018
NAME OF PROVIDER OR SUPPLIER LEHIGH ACRES PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 1251 BUSINESS WAY LEHIGH ACRES, FL 33936	

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

0000 - Initial Comments

An unannounced generator survey was conducted 7/27/18 at Lehigh Acres Place, an assisted living facility (license #9098) in Lehigh Acres, Florida.

No deficiencies were found at time of survey.