STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967173	**09/05/2018**
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

An unannounced monitoring visit, related to emergency environment control plan, was conducted at Southern Lifestyle Senior Living ALF (license 11211), Lake Placid, Florida, on 9/5/2018. Southern Lifestyle Senior Living ALF had no deficient practice at the time of the monitoring visit.