STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968671	R **08/15/2018**
NAME OF PROVIDER OR SUPPLIER **LAKESHORE MANOR, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **960 W LAKESHORE DR** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

On August 15, 2018, an unannounced follow-up to biennial re-licensure survey was conducted by desk review for Lakeshore Manor Assisted Living Facility (License #12554). Deficient practice was cleared at the time of the survey.