STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964586	R **09/24/2018**
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 revisit survey was conducted 9/24/18 at Lehigh Acres Place, an assisted living facility (License #9098) in Lehigh Acres, Florida.

This was a follow-up to the relicensure and limited nursing services survey completed on 6/21/18.

The previous deficiencies were found corrected and no new deficiencies were identified.