STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965411	**09/20/2018**
NAME OF PROVIDER OR SUPPLIER **LIFETIDES HOME, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3133 LAS OLAS DRIVE** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

Assisted Living Facility

A monitoring visit for initial Limited Nursing Services (LNS) and Limited Mental Health (LMH) and compliance with emergency power plan survey was conducted on 9/20/18.

The Lifetides Home, Inc., Assisted Living Facility /License #9832, had no deficiencies at the time of this visit and decided not to add LNS and LMH specialty licensure.