| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966320** | **10/05/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**NEW ERA ASSISTED LIVING** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**815 WEST DAUGHTERY RD**<br>**LAKELAND, FL 33809** | |

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

**0000 - Initial Comments**

ASSISTED LIVING FACILITY

A complaint survey (CCR#2018013686 and CCR#2018010856) was conducted at New Era Assisted Living Facility on 10/5/18. New Era Assisted Living Facility had no deficiencies during the survey.

(License # 10535)