STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969084	R **10/17/2018**
NAME OF PROVIDER OR SUPPLIER **LAKE HENDON ESTATE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **5311 CARSON ST** **SAINT CLOUD, FL 34771**	

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

0000 - Initial Comments

10/17/18 desk review conducted to Relicensure survey with Limited Mental Health. Lake Hendon Estate ALF had no deficiencies at the time of the review.