STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968729	**10/15/2018**
NAME OF PROVIDER OR SUPPLIER **THE MANOR AT LAKE JACKSON**	STREET ADDRESS, CITY, STATE, ZIP CODE **2301 US 27 S** **SEBRING, FL 33870**	

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

0000 - Initial Comments

Assisted Living Facility

On 10-15-2018 a Biennial Survey was conducted at The Manor at Lake Jackson. At the time of the survey, the facility had no deficient practice.

(license # 12574)