STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968861	**10/30/2018**
NAME OF PROVIDER OR SUPPLIER **THE MANOR AT LAKE MORTON, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **522 E LIME ST** **LAKELAND, FL 33801**	

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

0000 - Initial Comments

Assisted Living Facility

A complaint survey (CCR#2018011862) was conducted at The Manor At Lake Morton Assisted Living Facility on 10/30/2018. The Manor At Lake Morton Assisted Living Facility had no deficient practice identified at the time of the survey.

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