

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911251	(X3) DATE SURVEY COMPLETED 11/01/2018
NAME OF PROVIDER OR SUPPLIER FLORIDA PRESBYTERIAN HMS, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 16 LAKE HUNTER DRIVE LAKELAND, FL 33803	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Monitoring Visit for Facility Generator Assessment was conducted on 11/1/18. The Florida Presbyterian Homes, Assisted Living Facility (License #4790), had no deficiencies at the time of this visit.		