| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910284** | R<br>**08/30/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**LEISURE MANOR ALF** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**301 SOUTH MAIN AVENUE**<br>**MINNEOLA, FL 34755** | |

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

**0000 - Initial Comments**

On , , an unannounced follow up to complaint investigation (CCR#2018002685 & CCR#2018005647) survey was conducted at Leisure Manor Assisted Living Facility (License #5456), Minneola, FL. No deficient practice was identified at the time of the survey.