STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968671	C **01/10/2018**
NAME OF PROVIDER OR SUPPLIER **LAKESHORE MANOR, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **960 W LAKESHORE DR** **CLERMONT, FL 34711**	

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

0000 - Initial Comments

On 01/10/2018 an unannounced complaint survey (CCR#2017012446) was conducted at Lakeshore Manor (License #12554), Clermont, FL. No deficient practice was identified at the time of the survey.