STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966340	**12/05/2018**
NAME OF PROVIDER OR SUPPLIER **LEXINGTON MANOR ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **20480 VETERANS BLVD** **PORT CHARLOTTE, FL 33954**	

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

0000 - Initial Comments

An unannounced limited nursing service monitoring survey was conducted 12/5/18 at Lexington Manor, an assisted living facility (license #10548) in Port Charlotte, Florida.

No deficiencies were found at the time of the visit.