

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967788	(X3) DATE SURVEY COMPLETED 12/18/2018
NAME OF PROVIDER OR SUPPLIER ARBOR OAKS AT LAKELAND HILLS	STREET ADDRESS, CITY, STATE, ZIP CODE 4141 LAKELAND HILLS BLVD LAKELAND, FL 33805	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A complaint investigation (CCR 2018015678 and 2018016966) was conducted at Arbor Oaks at Lakeland Hills on 12/18/18. Arbor Oaks at Lakeland Hills had no deficiencies at the time of the investigation. (License #11751)		