

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/14/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942773	(X3) DATE SURVEY COMPLETED R 12/13/2018
NAME OF PROVIDER OR SUPPLIER LAKE WIRE RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 315 WEST PEACHTREE STREET LAKELAND, FL 33815	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A second revisit to a 9/7/18 Monitoring survey was completed at Lake Wire Retirement Center Assisted Living Facility on 12/13/2018. Lake Wire Retirement Center Assisted Living Facility had no deficient practice identified at the time of the survey. License: 5874		