

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910284	(X3) DATE SURVEY COMPLETED C 01/09/2019
NAME OF PROVIDER OR SUPPLIER LEISURE MANOR ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 301 SOUTH MAIN AVENUE MINNEOLA, FL 34755	

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

0000 - Initial Comments

On January 9, 2019, an unannounced complaint investigation survey (CCR #2018018049) was conducted at Leisure Manor Assisted Living Facility (License #5456), Minneola, FL. No deficient practice was identified at the time of the survey.