STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967173	**02/07/2019**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN LIFESTYLE ALF OF LAKE PLACID**	STREET ADDRESS, CITY, STATE, ZIP CODE **1297 US 27 NORTH** **LAKE PLACID, FL 33852**	

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

0000 - Initial Comments

ASSISTED LIVING FACILITY

A complaint survey, CCR#2018018122 and CCR#2019000632, was conducted on 2/7/19 at Souther Lifestyle Senior Center assisted Living Facility. There was no deficient practice identified at the time of the survey.

(License # 11211)