STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966340	R **02/08/2019**
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

A follow-up by desk review was conducted on 2/8/19 for Lexington Manor Assisted Living, an assisted living facility (license #10548) in Port Charlotte, Florida.

The follow-up was in response to the biennial survey completed on 2/4/19.

Based on the facility's plan of correction and supporting documentation, the deficiencies were corrected as of 2/5/19.