

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910101	(X3) DATE SURVEY COMPLETED R 03/05/2019
NAME OF PROVIDER OR SUPPLIER LAKELAND MANOR ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 747 BON AIR ST LAKELAND, FL 33805	

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

0000 - Initial Comments

Assisted Living Facility

A follow-up to a 1/10/2019 Biennial licensure survey was conducted on 03/05/2019 for Lakeland Manor, license # 1047.

The previously cited deficient practice was found corrected via desk review.