

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965538	(X3) DATE SURVEY COMPLETED 03/20/2019
NAME OF PROVIDER OR SUPPLIER HAWTHORNE INN LAKELAND	STREET ADDRESS, CITY, STATE, ZIP CODE 6150 LAKELAND HIGHLANDS ROAD LAKELAND, FL 33813	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A Complaint Survey (CCR#: 2019000851) was conducted at Hawthorne Inn Lakeland Assisted Living Facility on . There was no deficient practice identified at Hawthorne Inn Lakeland Assisted Living Facility at the time of the survey. (License#: 9877)		