STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910101	**04/08/2019**
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

An initial Limited Mental Health Survey was conducted in conjunction with a complaint survey (CCR# # 2019000980) on at Lakeland Manor Assisted Living Facility (License # 1047) in Lakeland, FL. The facility had deficiencies at the time of the survey.

L241 - LMH - Records - 429.075( ); 58A-5.029(2) FAC

Based on record review and interview, the facility failed to obtain a , agreement or community support plan for residents that met the criteria for a limited mental health (LMH) for two of four records reviewed (Residents #3 and #4).

Findings Included:

Focused record review of facility's records revealed there was no , agreement or community support plan for residents that met the criteria for LMH for Residents #3 and #4.

An interview with the Administrator was conducted on beginning at 11:45am. The Administrator confirmed there were no community support plans or , agreements in place for the LMH residents.

Class III