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

A compliant survey (CCR# # 2019000980) in conjunction with an initial limited mental health survey was conducted on at Lakeland Manor Assisted Living Facility (License # 1047) in Lakeland, FL. The facility had no deficiencies at the time of the survey.