

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965123	(X3) DATE SURVEY COMPLETED R 05/07/2019
NAME OF PROVIDER OR SUPPLIER LAURELWOOD ASSISTED LIVING FACILITY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1851 WEST TEN MILE ROAD CANTONMENT, FL 32533	

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

0000 - Initial Comments

On May 7, 2019, a desk review revisit survey was completed for the licensure survey ending March 26, 2019 at Laurelwood Assisted Living Facility. Based on an acceptable corrective action plan and supporting documentation, deficiencies were found corrected.