STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910101	R **05/30/2019**
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

A follow-up to 4/8/19 Expansion and Initial Limited Mental Health survey was conducted on 05/30/2019 for Lakeland Manor Assisted Living Facility. The previously cited deficient practice was found corrected via desk review.