

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/25/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965538	(X3) DATE SURVEY COMPLETED 06/14/2019
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 A complaint investigation (complaint number 2019005156) in conjunction with an Extended Congregate Care monitoring conducted at Hawthorne Inn Lakeland on 06/14/2019. There were no deficiencies identified at the time of survey.		