STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965538	**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

An Extended Congregate Care monitoring in conjunction with a complaint investigation (complaint number 2019005156) was conducted at Hawthorne Inn Lakeland on June 14, 2019. The facility had no deficiencies at the time of the survey.