STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966666	**05/26/2016**
NAME OF PROVIDER OR SUPPLIER **LAKESHORE LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10919 MISTLETOE DRIVE** **THONOTOSASSA, FL 33592**	

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

0000 Initial Comments

Assisted Living Facility

A monitoring visit for closure was conducted at Lakeshore Living Inc. on 5/26/16. Lakeshore Living Inc., Assisted Living Facility, had no deficiencies at the time of the visit.