

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/10/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966666	(X3) DATE SURVEY COMPLETED 08/23/2018
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 On August 23, 2018 a post closure monitoring visit was conducted at Lakeshore Living, Inc.		