

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911245	(X3) DATE SURVEY COMPLETED R 03/20/2019
NAME OF PROVIDER OR SUPPLIER RESIDENCE RETIREMENT CTR., INC (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 208 MARVELINE DRIVE LAKELAND, FL 33815	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments Assisted Living Facility A revisit to a 1/14/2019 complaint survey (CCR# 2018015999) was conducted at Residence Retirement Center Assisted Living Facility on 03/20/2019 . Residence Retirement Center Assisted Living Facility had no deficient practice identified at the time of the survey. License: 5666		