HEALTHCARE FACILTY REGULATION DIVISION
PERSONAL CARE HOME PROGRAM

FACILITY/CENTER IDENTIFIERS

Facility Name: **Lakes Crossing Senior Care** **Surveyor Name: Carmanelia Bryant**
Provider Number: **Survey Exit Date: August 13, 2025**

RESIDENT/PARTICIPANT IDENTIFIER	PERSONNEL IDENTIFIER
1. Heidi Kennedy	A. Pattie McNeal: Executive Director
2. Doris Sarhanis	B. Tara Workman: Resident Assistant
3. Aubrey Gerlaugh	C. Lemlem Demko: Resident Assistant
4.	D. Tara Moreno: Wellness Director
5.	E.
6.	F.
7.	G.
8.	H.
9.	I.
10.	J.
11.	K.

12.	**L.**
13.	**M.**
14.	**N.**