

Agency for Health Care Administration

|                                                                       |                                                                                                                                                                                                                                                                                                                                         |                                                                                |                                                                                                                          |  |                                                        |
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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                   |                                                                                                                                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>AL11969006</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/18/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WATERCREST SPANISH SPRINGS</b> |                                                                                                                                                                                                                                                                                                                                         |                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>930 ALVAREZ AVE<br/>LADY LAKE, FL 32159</b>                                  |  |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                              | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                            | ID<br>PREFIX<br>TAG                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                               |
| A 000                                                                 | Initial Comments<br><br>An unannounced re-licensure survey with<br>Emergency Power Plan monitoring and a<br>complaint investigation (complaint number<br>2024007341) were conducted at Watercrest<br>Spanish Springs on September 17, 2024 through<br>September 18, 2024. The provider had no<br>deficiencies at the time of the visit. | A 000                                                                          |                                                                                                                          |  |                                                        |

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE