



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

November 8, 2013

Administrator  
Lexington Park  
930 Highway 466  
Lady Lake, FL 32159

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on October 25, 2013 by a representative of this office. Enclosed is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw

Enclosure



AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 11/08/2013  
FORM APPROVED

|                                                                                                        |                                                                                             |                                                     |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967925</b>                   | (X3) DATE SURVEY COMPLETED<br><br><b>10/25/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Lexington Park</b>                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>930 Highway 466<br/>Lady Lake, FL 32159</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                             |                                                     |

0000-Initial Comments

On 10/25/2013 unannounced Extended Congregate Care monitoring survey was conducted at Lexington Park Assisted Living Facility in Lady Lake Florida. No discernible deficiencies were identified as a result of this survey. The facility was in compliance at this time.