



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 15, 2015

Administrator
Lexington Park
930 Highway 466
Lady Lake, FL 32159

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on June 5, 2015 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,

for
Kriste J. Mennella
Field Office Manager

KJM/amw
Enclosure



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/15/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967925	(X3) DATE SURVEY COMPLETED 06/05/2015
NAME OF PROVIDER OR SUPPLIER LEXINGTON PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 930 HIGHWAY 466 LADY LAKE, FL 32159	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An unannounced ECC monitoring survey was conducted at Lexington Park Assisted Living Facility, 930 Hwy 466, Lady Lake, Florida on June 5, 2015. The facility was in compliance with Chapters 429, Part I & 408 Part II, Florida Statutes and 59A-5, Florida Administrative Code