RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 29, 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 October 15, 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,

Kriste J. Mehnelle, RNC
Field Office Manager

KJM/amw
Enclosure

1GGN

Alachua Field Office
14101 N W Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967925	**10/15/2015**
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 Extended Congregate Care Services monitoring survey was conducted at Lexington Park Assisted Living Facility in Lady Lake, Florida on October 15, 2015. No licensure deficiencies were identified as a result of the survey.