



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 4, 2016

Administrator
Springs Of Lady Lake (the)
620 Griffin Ave.
Lady Lake, FL 32159

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on December 21, 2015 by representative(s) of this office.

Enclosed is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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(s). Should you have any questions please call Chuck Bory at (386) 462-6201.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles Bory" followed by a stylized flourish.

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

DT9D



**AGENCY FOR HEALTH CARE
ADMINISTRATION**

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FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965130	(X3) DATE SURVEY COMPLETED R 12/21/2015
NAME OF PROVIDER OR SUPPLIER SPRINGS OF LADY LAKE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 620 GRIFFIN AVE. LADY LAKE, FL 32159	

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

0000 Initial Comments

On December 28, 2015 an Extended Congregate Care (ECC) follow-up survey was conducted at Springs of Lady Lake assisted living facility. No deficient practice was identified at this time.