



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

July 29, 2016

Administrator
Buffalo Crossings Assisted Living Facility
3890 Woodridge Dr
Lady Lake, FL 32162

RE: CCR #2016005332

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 26, 2016 by representative(s) of this office.

Enclosed is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact Chuck Bory at (386) 462-6201.

Sincerely,

Charles Bory for
Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

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**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/29/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968834	(X3) DATE SURVEY COMPLETED 07/26/2016
NAME OF PROVIDER OR SUPPLIER BUFFALO CROSSINGS ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 3890 WOODRIDGE DR LADY LAKE, FL 32162	

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

0000 Initial Comments

On 7/26/2016, an unannounced complaint survey (CCR # 2016005332) was conducted at Buffalo Crossings Assisted Living Facility, License #12670. Deficient practice was not identified during the survey.