STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967925	R **02/09/2017**
NAME OF PROVIDER OR SUPPLIER **ATRIA LADY LAKE**	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

A desk review was conducted on 2/9/2017 as follow-up to Extended Congregate Care (ECC) monitoring survey for Atria Lady Lake (facility license number 11908). The previously cited deficiency was cleared as a result of the desk review.