

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/28/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965130	(X3) DATE SURVEY COMPLETED R 04/26/2017
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

A desk review was conducted on 4/26/2017 as follow-up to Biennial Survey with Extended Congregate Care (ECC) and Complaint Investigation (CCR#2017003036) for Springs of Lady Lake Assisted Living Facility (facility license number 9531). The previously cited deficiencies were cleared as a result of the desk review.