| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968834** | **04/26/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**BUFFALO CROSSINGS ASSISTED LIVING FACILITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3890 WOODRIDGE DR**<br>**LADY LAKE, FL 32162** | |

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

**0000 - Initial Comments**

An unannounced biennial survey was conducted on 4/25/2017 through 4/26/2017 at Buffalo Crossings Assisted Living Facility (facility license number 12670). No deficiencies were identified at the time of the survey.