

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965130	(X3) DATE SURVEY COMPLETED 05/12/2017
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

On 5/12/2017, an unannounced complaint survey (CCR#2017001916) was conducted at The Springs of Lady Lake (license #9531). No deficient practice was identified at the time of the survey.