| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968349** | **05/08/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**OSPREY LODGE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1761 NIGHTINGALE LN**<br>**TAVARES, FL 32778** | |

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

**0000 - Initial Comments**

On 5/8/2017 an unannounced complaint survey (CCR# 2017002446 and CCR# 2017004201) was conducted at Osprey Lodge Assisted Living Facility, License #12259. No deficient practice was identified at the time of the survey.