| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11910204** | **06/02/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**VILLAS AT LAKESIDE OAKS** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1059 VIRGINIA STREET**<br>**DUNEDIN, FL 34698** | |

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

**0000 - Initial Comments**

Assisted Living Facility

An unannounced Extended Congregate Care survey was conducted 6/2/17 at The Villas at Lakeside Oaks, an Assisted Living Facility (license #4808) in Dunedin, Florida.

No deficiencies were found at the time of the visit.