| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968372** | **08/10/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**SUPERIOR RESIDENCES OF LECANTO** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4865 WEST GULF TO LAKE HIGHWAY**<br>**LECANTO, FL 34461** | |

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

**0000 - Initial Comments**

An unannounced complaint survey (CCR 2017006481) was conducted on August 10, 2017 at Superior Residences of Lecanto (License # 12256), Lecanto, FL. No deficient practice was identified at the time of the survey.