

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969139	(X3) DATE SURVEY COMPLETED 10/24/2017
NAME OF PROVIDER OR SUPPLIER GENERATIONS SENIOR LIVING AT LAKE MIONA	STREET ADDRESS, CITY, STATE, ZIP CODE 9871 CR 121 WILDWOOD, FL 34785	

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

0000 - Initial Comments

A complaint investigation (CCR 2017006890) was conducted at Generations Senior Living at Lake Miona (lic. #12958) on 10/24/17. No deficiencies at the time of the survey were identified.