

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967925	(X3) DATE SURVEY COMPLETED 09/26/2017
NAME OF PROVIDER OR SUPPLIER ATRIA LADY LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 930 HIGHWAY 466 LADY LAKE, FL 32159	

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

0000 - Initial Comments

On 09/26/2017 unannounced complaint surveys CCR 2017007282 and CCR 2017007315 were conducted at Atria Lady Lake Assisted Living Facility (License #11908), Lady Lake, FL. No deficient practice was identified at the time of the survey.

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PRINTED: 01/30/2018
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