STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968834	**12/06/2017**
NAME OF PROVIDER OR SUPPLIER **BUFFALO CROSSINGS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3890 WOODRIDGE DR** **LADY LAKE, FL 32162**	

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

0000 - Initial Comments

An unannounced complaint survey (CCR#2017010388) was conducted on 12/06/2017 at Buffalo Crossings Assisted Living Facility (License #12670), The Villages, Florida. No deficient practice was identified at the time of the survey