STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910204	R **01/17/2018**
NAME OF PROVIDER OR SUPPLIER **VILLAS AT LAKESIDE OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **1059 VIRGINIA STREET** **DUNEDIN, FL 34698**	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Revisit to 10/31/17 abbreviated Biennial licensure survey with Extended Congregate Care was conducted on 1/17/18.

The Villas at Lakeside Oaks (License #4808) had corrected all deficiencies previously cited, and no deficiencies were identified during the Revisit.