STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968349	C **04/05/2018**
NAME OF PROVIDER OR SUPPLIER **OSPREY LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1761 NIGHTINGALE LN** **TAVARES, FL 32778**	

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

0000 - Initial Comments

A complaint investigation CCR#2018000282 and CCR#2018002278 was conducted at Osprey Lodge on 04/09/2018 and 04/10/2018. Osprey Lodge had no deficiency on CCR#2018000282 and CCR#2018002278 found to be substantiated without deficiency at time of investigation.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968349	C **04/09/2018**
NAME OF PROVIDER OR SUPPLIER **OSPREY LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1761 NIGHTINGALE LN** **TAVARES, FL 32778**	

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

0000 - Initial Comments

A complaint investigation CCR#2018000282, CCR#2018002278 and 2018002220 was conducted at Osprey Lodge Assisted Living (lic#12259) on 04/09/2018 through 04/10/2018. No deficient practise was identified at this time.