| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968372** | R<br>**04/25/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**RESIDENCES OF LECANTO** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4865 WEST GULF TO LAKE HIGHWAY**<br>**LECANTO, FL 34461** | |

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

**0000 - Initial Comments**

On a follow-up to a Biennial Survey ( 05-06, 2018), was conducted at , Residences Assisted Living Facility, Lecanto, FL (License #: 12256). The previously cited deficiencies were cleared at that time.