STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967925	**05/17/2018**
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 5/17/2018 an ECC monitoring survey and Follow-up survey for (KYF711) were conducted at Atria Lady Lake Assisted Living Facility. During the survey no deficientcies were found and the tags for the follow up survey were cleared.