

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/18/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968372	(X3) DATE SURVEY COMPLETED 08/02/2018
NAME OF PROVIDER OR SUPPLIER SUPERIOR RESIDENCES OF LECANTO	STREET ADDRESS, CITY, STATE, ZIP CODE 4865 WEST GULF TO LAKE HIGHWAY LECANTO, FL 34461	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On August 1, 2018 through August 2, 2018, an unannounced change of ownership survey was conducted at Superior Residences of Lecanto (license #12256). No deficient practice was identified at the time of the survey.		