

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968349	(X3) DATE SURVEY COMPLETED R 09/24/2018
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

On September 24, 2018, an unannounced follow-up to biennial re-licensure with extended congregate care and limited nursing services monitoring survey was conducted by desk review for Osprey Lodge Assisted Living Facility (License #12259), Tavares, FL. Deficient practice was cleared at the time of the survey.

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PRINTED: 10/22/2018
FORM APPROVED

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