

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967925	(X3) DATE SURVEY COMPLETED R 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 May 17, 2018, an unannounced follow-up visit to a biennial survey was conducted at Atria Lady Lake Assisted Living Facility (License #11908) in Lady Lake, FL. No deficient practice was identified at the time of survey.

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/02/2018
FORM APPROVED

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