

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965130	(X3) DATE SURVEY COMPLETED 05/15/2018
NAME OF PROVIDER OR SUPPLIER SPRINGS OF LADY LAKE (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 620 GRIFFIN AVE. LADY LAKE, FL 32159	

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

0000 - Initial Comments

On May 15, 2018, an unannounced Extended Congregate Care Monitoring Survey was conducted at The Springs of Lady Lake Assited Living Facility (license #9531) in Lady Lake, FL. No deficient practice was identified at the time of the survey.