STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965130	**08/14/2018**
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 August 14, 2018, an unannounced complaint investigation (CCR #2018011276) survey was conducted at Springs of Lady Lake Assisted Living Facility (License #9531) in Lady Lake, FL. No deficient practice was identified at the time of the investigation.