

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969078	(X3) DATE SURVEY COMPLETED R 10/12/2018
NAME OF PROVIDER OR SUPPLIER ANGELS SENIOR LIVING AT THE LODGES AT IDLEWILD	STREET ADDRESS, CITY, STATE, ZIP CODE 18440 EXCITING IDLEWILD BLVD LUTZ, FL 33548	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments ASSISTED LIVING FACILITY A follow-up to an 08/23/18 biennial survey was conducted on 10/12/18. The previously cited deficient practice was found corrected via desk review. License #12899		