STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967925	**08/14/2018**
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

An unannounced complaint investigation (CCR #2018010770) survey was conducted on August 14, 2018 at Atria Lady Lake Assisted Living Facility (License #11908). No deficient practice was identified at the time of the survey.