STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969362	C **07/31/2018**
NAME OF PROVIDER OR SUPPLIER **ELAN BUENA VISTA**	STREET ADDRESS, CITY, STATE, ZIP CODE **5867 E COUNTY ROAD 466** **THE VILLAGES, FL 32162**	

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

0000 - Initial Comments

On July 31, 2018, an unannounced complaint investigation survey (CCR #2018009766) was conducted at Elan Buena Vista Assisted Living Facility (License #13149). No deficient practice was identified at the time of the survey.