STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968834	C **07/23/2018**
NAME OF PROVIDER OR SUPPLIER **BUFFALO CROSSINGS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3890 WOODRIDGE DR** **LADY LAKE, FL 32162**	

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

0000 - Initial Comments

On July 23, 2018, an unannounced complaint investigation survey (CCR #2018007520) was conducted at Buffalo Crossings Assisted Living Facility (License #12670). No deficient practice was identified at the time of the survey.