

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967925	(X3) DATE SURVEY COMPLETED C 12/18/2018
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

On December 18, 2018, an unannounced complaint investigation survey (CCR #2018017940) was conducted at Atria Lady Lake Assisted Living Facility (License #11908), Lady Lake, FL. No deficient practice was identified at the time of the survey.