

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 01/29/2019  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                                                     |                                                                                    |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11969139</b>        | (X3) DATE SURVEY COMPLETED<br><br><b>01/16/2019</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>GENERATIONS SENIOR LIVING AT LAKE MIONA</b>                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>9871 CR 121<br/>WILDWOOD, FL 34785</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                                             |                                                                                    |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>On January 16, 2019, an unannounced biennial re-licensure and Emergency Power Plan Monitoring survey was conducted at Generations Senior Living at Lake Miona Assisted Living Facility (License #12958), Wildwood, FL. No deficient practice was identified at the time of the survey.</p> |                                                                                    |                                                     |