STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969006	C **11/01/2018**
NAME OF PROVIDER OR SUPPLIER **ELAN SPANISH SPRINGS**	STREET ADDRESS, CITY, STATE, ZIP CODE **930 ALVEREZ AVE** **LADY LAKE, FL 32159**	

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

0000 - Initial Comments

Unannounced complaint surveys, CCR #2018013624 and CCR #2018014667, were conducted on November 1, 2018 at Elan Spanish Springs Assisted Living Facility, Lady Lake, FL, license #12833. No deficient practice was identified during the time of visit.