

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968372	(X3) DATE SURVEY COMPLETED C 10/15/2018
NAME OF PROVIDER OR SUPPLIER SUPERIOR RESIDENCES OF LECANTO	STREET ADDRESS, CITY, STATE, ZIP CODE 4865 WEST GULF TO LAKE HIGHWAY LECANTO, FL 34461	

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

0000 - Initial Comments

An unannounced complaint survey, CCR #2018014185, was conducted on October 15, 2018 at Superior Residences of Lecanto, Lecanto, FL, license #12256. No deficient practice was identified at the time of the survey.