STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968349	C **11/15/2018**
NAME OF PROVIDER OR SUPPLIER **OSPREY LODGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1761 NIGHTINGALE LN** **TAVARES, FL 32778**	

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

0000 - Initial Comments

On November 15, 2018, an unannounced complaint survey (CCR #2018015570) was conducted at Osprey Lodge Assisted Living Facility, license number 12259. No deficient practice was identified at the time of the survey.