STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964270	**01/23/2019**
NAME OF PROVIDER OR SUPPLIER **VISTA LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 SOUTH LAKE STREET** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

On January 23, 2019, an unannounced Change of Ownership survey in conjunction with Emergency Power Plan monitoring survey was conducted in Vista Lake Assisted Living Facility (License #8882), Leesburg, FL. No Deficient practice was identified at the time of the survey.