STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969078	R **03/28/2019**
NAME OF PROVIDER OR SUPPLIER **ANGELS SENIOR LIVING AT THE LODGES AT IDLEWILD**	STREET ADDRESS, CITY, STATE, ZIP CODE **18440 EXCITING IDLEWILD BLVD** **LUTZ, FL 33548**	

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

0000 - Initial Comments

Assisted Living Facility

A second revisit to a 12/13/2018 complaint survey (CCR# 2018015497) was conducted at Angels Senior Living at the Lodges at Idlewild on 03/28/2019. There were no deficiencies at the time of the visit.

(License #12899)