STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965130	C **03/12/2019**
NAME OF PROVIDER OR SUPPLIER **SPRINGS OF LADY LAKE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **620 GRIFFIN AVE.** **LADY LAKE, FL 32159**	

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

0000 - Initial Comments

On ..... and ..... an unannounced Biennial survey along with Emergency Preparedness Plan monitoring was conducted at Springs of Lady Lake an Assisted Living Facility. No deficient practice was identified during survey.