STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965130	R-C **03/26/2019**
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 March 25, 2019, an unannounced follow-up to the complaint survey #2018017332 was conducted at Springs of Lady Lake Assisted Living Facility, License number 9531 . No deficient practice was identified during survey.