

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965223	(X3) DATE SURVEY COMPLETED R-C 05/01/2019
NAME OF PROVIDER OR SUPPLIER VISTA LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 710 SOUTH LAKE STREET LEESBURG, FL 34748	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A follow-up to Change of Ownership and Emergency Power Plan monitoring survey was conducted by desk review for Vista Lake Assisted Living Facility on May 1, 2019. Deficiencies were found to be corrected at the time of the survey.		