STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968834	C **04/18/2019**
NAME OF PROVIDER OR SUPPLIER **BUFFALO CROSSINGS ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3890 WOODRIDGE DR** **LADY LAKE, FL 32162**	

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

0000 - Initial Comments

An unannounced biennial re-licensure and Emergency Power Plan monitoring survey was conducted at Buffalo Crossing Assisted Living Facility on April 17, 2019 through April 18, 2019. The provider had no deficiencies at the time of the survey.