STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964270	C **04/23/2019**
NAME OF PROVIDER OR SUPPLIER **VISTA LAKE**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 SOUTH LAKE STREET** **LEESBURG, FL 34748**	

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

0000 - Initial Comments

A complaint investigation (CCR#2019001098) was conducted at Vista Lake Assisted Living Facility, Leesburg, FL on 04/23/2019. The facility had no deficiencies at the time of the survey.