

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/23/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964436	(X3) DATE SURVEY COMPLETED R 02/22/2017
NAME OF PROVIDER OR SUPPLIER HUNTER'S CROSSING PLACE-ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4601 N.W. 53RD AVENUE GAINESVILLE, FL 32606	

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

0000 - Initial Comments

A desk review was conducted on 2/22/2017 as second follow-up to Change of Ownership Survey with Limited Nursing Services (LNS) for Hunter's Crossing Place-Assisted Living Facility (facility license number 9004). The previously cited deficiencies were cleared as a result of the desk review.