STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969068	**03/07/2017**
NAME OF PROVIDER OR SUPPLIER **WATERCREST OF SAN JOSE ASSISTED LIVING AND**	STREET ADDRESS, CITY, STATE, ZIP CODE **9075 SAN JOSE BLVD** **JACKSONVILLE, FL 32257**	

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

0000 Initial Comments

A complaint investigation (CCR #2016012407) was conducted at Watercrest of San Jose Assisted Ling and Memory Care (License # 10665) on March 9, 2017. Watercrest of San Jose Assisted Living and Memory Care had no deficiencies at the time of the investigation.