

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968987	(X3) DATE SURVEY COMPLETED 02/01/2017
NAME OF PROVIDER OR SUPPLIER ASTORIA ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 319 ELDRIDGE AVE ORANGE PARK, FL 32073	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments A complaint investigation CCR #2017000556 was conducted at Astoria Assisted Living Facility on February 1-3, 2017. Deficiencies were not identified.		