

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910312	(X3) DATE SURVEY COMPLETED 05/08/2017
NAME OF PROVIDER OR SUPPLIER DAYSPRING VILLAGE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 542301 US HIGHWAY #1 HILLIARD, FL 32046	

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

0000 Initial Comments

A complaint investigation (CCR #2017002325) was conducted at Dayspring Village Assisted Living Facility on 05/08/2017. Day Springs Village Assisted Living Facility had no deficiencies at the time of the investigation.