STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966027	**06/07/2017**
NAME OF PROVIDER OR SUPPLIER **SHP IV FLEMING ISLAND, L.LC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3651 HIGHWAY 17** **ORANGE PARK, FL 32003**	

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

0000 - Initial Comments

On 06/07/2017, an unannounced ECC monitoring visit was conducted at SHP IV Fleming Island (Lic# 10313). The facility had no deficiencies at the time of the visit.