

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911119	(X3) DATE SURVEY COMPLETED 06/29/2017
NAME OF PROVIDER OR SUPPLIER FLEET LANDING	STREET ADDRESS, CITY, STATE, ZIP CODE ONE FLEET LANDING BOULEVARD ATLANTIC BEACH, FL 32233	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On June 29, 2017 a Limited Nursing Services (LNS) and Extended Congregate Care (ECC) survey was conducted at Fleet Landing Assisted Living (license #7107). Deficient practice was not identified during the survey.		