STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964696	**06/29/2017**
NAME OF PROVIDER OR SUPPLIER **OSPREY VILLAGE AT AMELIA ISLAN**	STREET ADDRESS, CITY, STATE, ZIP CODE **76 OSPREY VILLAGE DRIVE** **AMELIA ISLAND, FL 32034**	

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

0000 - Initial Comments

On June 29, 2017 an Extended Congregate Care (ECC) survey was conducted at Osprey Village at Amelia Island Assisted Living (license #9197). Deficient practice was not identified during the survey.