STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910312	**07/20/2017**
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

On July 20, 2017 a biennial licensure and Limited Mental Health survey (Lic. #5766) was conducted at Dayspring Village. Deficient practice was not identified during the survey.