STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968111	**07/25/2017**
NAME OF PROVIDER OR SUPPLIER **HAMPTONS LUXURY VILLAS INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **10695 HAMPTON ROAD** **JACKSONVILLE, FL 32257**	

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

0000 - Initial Comments

On July 25, 2017 an unannounced biennial licensure survey with Limited Mental Health and Limited Nursing Services was conducted at Hampton's Luxury Villas (License #12086). Deficient practice was not identified during the survey.