STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968930	**10/03/2017**
NAME OF PROVIDER OR SUPPLIER **SPRING GARDENS OF FLEMING ISLAND, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **670 HIBERNIA RD** **FLEMING ISLAND, FL 32003**	

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

0000 - Initial Comments

On September 3, 2017 an unnanounced biennial assisted living facility relicensure survey with Limited Nursing Services was conducted at Spring Garden of Fleming Island (License #12759). Deficient practice was not identified during the survey.