STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969068	**10/10/2017**
NAME OF PROVIDER OR SUPPLIER **WATERCREST OF SAN JOSE ASSISTED LIVING AND**	STREET ADDRESS, CITY, STATE, ZIP CODE **9075 SAN JOSE BLVD** **JACKSONVILLE, FL 32257**	

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

0000 - Initial Comments

A complaint investigation survey (CCR #2017006752) was conducted at Watercrest of San Jose Assisted Living and Memory Care on 10/10/2017. Watercrest of San Jose Assisted Living and Memory Care Facility had no deficiencies at the time of the investigation.