STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911119	**10/11/2017**
NAME OF PROVIDER OR SUPPLIER **FLEET LANDING**	STREET ADDRESS, CITY, STATE, ZIP CODE **ONE FLEET LANDING BOULEVARD** **ATLANTIC BEACH, FL 32233**	

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

0000 - Initial Comments

On October 10, 2017 an unannounced biennial relicensure survey was conducted at Fleet Landing Assisted Living (license #7607). Deficient practice was not identified during the survey.