STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911434	**10/05/2017**
NAME OF PROVIDER OR SUPPLIER **AUTUMN VILLAGE INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **1103 BARRS STREET** **JACKSONVILLE, FL 32204**	

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

0000 - Initial Comments

On October 5, 2017 a biennial relicensure survey was conducted at Autumn Village Assisted Living. Deficient practice was not identified during the survey.