

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 10/23/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968863	(X3) DATE SURVEY COMPLETED 10/16/2017
NAME OF PROVIDER OR SUPPLIER ACACIA GROVE ASSISTED LIVING FACILITY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2485 RIDGECREST AVE ORANGE PARK, FL 32065	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced biennial relicensure survey was conducted on 10/16/2017 at Acacia Grove ALF (Lic #12749). The facility was in compliance at the time of the survey.		