

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968987	(X3) DATE SURVEY COMPLETED 09/26/2017
NAME OF PROVIDER OR SUPPLIER ASTORIA ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 319 ELDRIDGE AVE ORANGE PARK, FL 32073	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint investigation (CCR #2017006996) was conducted at Astoria Assisted Living Facility on 9/26/2017. Astoria Assisted Living Facility (license #12817) had no deficiencies at the time of the investigation.		