

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965336	(X3) DATE SURVEY COMPLETED R 11/07/2017
NAME OF PROVIDER OR SUPPLIER ASHFORD COURT ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 THE GREENS WAY JACKSONVILLE BEACH, FL 32250	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments The deficiency was found corrected at the time of the desk review.		