STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964696	**12/11/2017**
NAME OF PROVIDER OR SUPPLIER **OSPREY VILLAGE AT AMELIA ISLAN**	STREET ADDRESS, CITY, STATE, ZIP CODE **76 OSPREY VILLAGE DRIVE** **AMELIA ISLAND, FL 32034**	

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

0000 - Initial Comments

On December 11, 2017 an unannounced biennial re-licensure survey was conducted at Osprey Village (License #9197). Deficient Practice was not identified during the survey.