STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969307	**12/14/2017**
NAME OF PROVIDER OR SUPPLIER **STARLING AT NOCATEE**	STREET ADDRESS, CITY, STATE, ZIP CODE **999 CROSSWATER PARKWAY** **PONTE VEDRA, FL 32081**	

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

0000 - Initial Comments

On December 14, 2017 an initial licensure survey was conducted at Starling At Nocatee Assisted Living Facility. Deficient practice was not identified during the survey.