STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911101	R **01/24/2018**
NAME OF PROVIDER OR SUPPLIER **NORTH FLORIDA RETIREMENT VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **8000 NW 27TH BOULEVARD** **GAINESVILLE, FL 32606**	

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

0000 - Initial Comments

On January 24, 2018, an unannounced 2nd follow-up to biennial re-licensure survey was conducted at North Florida Retirement Village Assisted Living Facility (license # 4855), Gainesville, FL. No deficient practice was identified at the time of survey.

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