STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969068	**02/15/2018**
NAME OF PROVIDER OR SUPPLIER **STARLING AT SAN JOSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9075 SAN JOSE BLVD** **JACKSONVILLE, FL 32257**	

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

0000 - Initial Comments

On February 15, 2018 a Limited Nursing Services survey was conducted at Starling at San Jose assisted living (License #12887). Deficient practice was not identified during the survey.