STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965013	R **02/22/2018**
NAME OF PROVIDER OR SUPPLIER **HUNTER'S CROSSING PLACE-MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4607 NW 53RD AVENUE** **GAINESVILLE, FL 32606**	

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

0000 - Initial Comments

On [redacted], a follow-up survey to complaint survey (CCR#2017010383) was conducted at Hunters Crossing Place Assisted Living Memory Care Unit (License #9442). No deficient practice was identified.