

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965013	(X3) DATE SURVEY COMPLETED R 03/07/2018
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 March 7, 2018, a follow up Limited Nursing Service monitoring survey was conducted at Hunter's Crossing Place - Memory Care (License #9442). No deficient practice was identified at the time of the survey.