STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911434	**03/14/2018**
NAME OF PROVIDER OR SUPPLIER **AUTUMN VILLAGE INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **1103 BARRS STREET** **JACKSONVILLE, FL 32204**	

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

0000 - Initial Comments

A complaint investigation (CCR 2017015153,) was conducted at Autumn Village Assisted Living Facility on 03/14/2018. Autumn Village (License #5221) had no deficiencies at the time of the investigation.