

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964436	(X3) DATE SURVEY COMPLETED 02/26/2018
NAME OF PROVIDER OR SUPPLIER HUNTER'S CROSSING PLACE-ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4601 N.W. 53RD AVENUE GAINESVILLE, FL 32606	

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

0000 - Initial Comments

An unannounced complaint (CCR# 2017014753) at Hunter's Crossing Place - Assisted Living . Hunter's Crossing Place- Assisted Living had no deficiencies at the time of this survey. License number 9004.