

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968987	(X3) DATE SURVEY COMPLETED R 03/19/2018
NAME OF PROVIDER OR SUPPLIER ASTORIA ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 319 ELDRIDGE AVE ORANGE PARK, FL 32073	

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

0000 - Initial Comments

A follow-up visit to a complaint survey was conducted at Astoria Assisted Living Facility (License #12817) on 03/19/2018. Previous deficiencies related to the complaint follow-up were found corrected at the time of the visit.