

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966826	(X3) DATE SURVEY COMPLETED 04/03/2018
NAME OF PROVIDER OR SUPPLIER HERITAGE CROSSINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 2689 ART MUSEUM DR JACKSONVILLE, FL 32207	

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

0000 - Initial Comments

On April 3, 2018 an unannounced Extended Congregate Care survey was conducted at Heritage Crossings Assisted Living (License #10950). Deficient practice was not identified during the surveys.