STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967697	**04/16/2018**
NAME OF PROVIDER OR SUPPLIER **SUNRISE OF JACKSONVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4870 BELFORT RD** **JACKSONVILLE, FL 32256**	

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

0000 - Initial Comments

On April 16, 2018 an Extended Congregate Care survey was conducted at Sunrise of Jacksonville (License #11689). Deficient practice was not identified during the survey