STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969114	**02/01/2018**
NAME OF PROVIDER OR SUPPLIER **DAYSPRING SENIOR LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **553600 US HWY 1** **HILLIARD, FL 32046**	

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

0000 - Initial Comments

On February 1, 2018 a Limited Nursing Services survey was conducted at Dayspring Senior Living (State License #12925). Deficient practice was not identified during the survey.