STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966027	**05/01/2018**
NAME OF PROVIDER OR SUPPLIER **SHP IV FLEMING ISLAND, L.LC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3651 HIGHWAY 17** **ORANGE PARK, FL 32003**	

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

0000 - Initial Comments

On May 1, 2018 an Extended Congregate Care survey was conducted at SHP IV Fleming Island, LLC (License #10313). Deficient practice was not identified during the survey.