STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964687	**05/02/2018**
NAME OF PROVIDER OR SUPPLIER **ELMCROFT OF TIMBERLIN PARC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7620 TIMBERLIN PARK BOULEVARD** **JACKSONVILLE, FL 32256**	

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

0000 - Initial Comments

On May 2, 2018 a change of ownership survey (CHOW) was conducted at Elmcroft of Timberlin Parc Assisted Living (License #9191). Deficient practice was not identified during the survey.