| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969364** | **05/04/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**PINCKNEY ESTATES ASSISTED LIVING INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1823 UNIVERSITY BLVD**<br>**JACKSONVILLE, FL 32216** | |

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

**0000 - Initial Comments**

On May 4, 2018 an initial licensure assisted living survey was conducted at Pinckney Estates Assisted Living, Inc. Deficient practice was not identified during the survey.