STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964436	**05/08/2018**
NAME OF PROVIDER OR SUPPLIER **HUNTER'S CROSSING PLACE-ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **4601 N.W. 53RD AVENUE** **GAINESVILLE, FL 32606**	

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

0000 - Initial Comments

On May 8, 2018, an unannounced complaint #2018005463 survey was conducted at Hunter's Crossing Place Assisted Living Facility (license #9004), Gainesville, FL. No deficient practice was identified at the time of survey.