

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965013	(X3) DATE SURVEY COMPLETED R 06/05/2018
NAME OF PROVIDER OR SUPPLIER HUNTER'S CROSSING PLACE-MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 4607 NW 53RD AVENUE GAINESVILLE, FL 32606	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On, 2018 A desk review follow-up was conducted on Hunters Crossing Place memory Care Assisted living Facility (License#9442). No deficient practice was identified. 0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC		