STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911119	**08/01/2018**
NAME OF PROVIDER OR SUPPLIER **FLEET LANDING**	STREET ADDRESS, CITY, STATE, ZIP CODE **ONE FLEET LANDING BOULEVARD** **ATLANTIC BEACH, FL 32233**	

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

0000 - Initial Comments

On 08/01/2018, an emergency power plan monitoring survey was conducted at Fleet Landing Assisted Living. Deficient practice was not identified during the survey.