STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911636	**08/07/2018**
NAME OF PROVIDER OR SUPPLIER **INN AT CYPRESS VILLAGE, THE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4600 MIDDLETON PARK CIRCLE, E.** **JACKSONVILLE, FL 32224**	

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

0000 - Initial Comments

On 08/07/2018 a biennial relicensure survey was conducted at Inn at Cypress Village ALF (Lic #7720). Deficient practice was not identified at the time of the survey.