

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/28/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968111	(X3) DATE SURVEY COMPLETED 08/15/2018
NAME OF PROVIDER OR SUPPLIER HAMPTONS LUXURY VILLAS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 10695 HAMPTON ROAD JACKSONVILLE, FL 32257	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On 8/15/2018 an Emergency Power Plan monitoring visit was conducted at Hampton Luxury Villas Inc. No deficient practice was found.		