

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967697	(X3) DATE SURVEY COMPLETED 08/27/2018
NAME OF PROVIDER OR SUPPLIER SUNRISE OF JACKSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 4870 BELFORT RD JACKSONVILLE, FL 32256	

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

0000 - Initial Comments

On August 27, 2018 an unannounced biennial re-licensure survey with Extended Congregate Care and Emergency Power Plan monitoring was conducted at Sunrise of Jacksonville (License # 11689). Deficient Practice was not identified during the survey