

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/26/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911434	(X3) DATE SURVEY COMPLETED 09/13/2018
NAME OF PROVIDER OR SUPPLIER AUTUMN VILLAGE INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 1103 BARRS STREET JACKSONVILLE, FL 32204	

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

0000 - Initial Comments

A complaint investigation (CCR #2018009297) was conducted at Autumn Village Assisted Living on 9/13/2018. Autumn Village (License #5221) had no deficiencies at the time of the investigation.