STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965336	R **09/18/2018**
NAME OF PROVIDER OR SUPPLIER **ASHFORD COURT ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1700 THE GREENS WAY** **JACKSONVILLE BEACH, FL 32250**	

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

0000 - Initial Comments

A follow-up visit to a biennial survey was conducted at Ashford Court Assisted Living on 09/18/2018. Ashford Court Assisted Living had no deficiencies at the time of the visit.