

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/15/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968987	(X3) DATE SURVEY COMPLETED R 10/10/2018
NAME OF PROVIDER OR SUPPLIER ASTORIA ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 319 ELDRIDGE AVE ORANGE PARK, FL 32073	

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

0000 - Initial Comments

All of the deficiencies related to CCR #2017015745 and the biennial survey were found corrected at the time of the desk review.