

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964436	(X3) DATE SURVEY COMPLETED R 09/24/2018
NAME OF PROVIDER OR SUPPLIER HUNTER'S CROSSING PLACE-ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 4601 N.W. 53RD AVENUE GAINESVILLE, FL 32606	

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

0000 - Initial Comments

On September 24, 2018, an unannounced follow-up to biennial re-licensure survey was conducted at Hunter's Crossing Place-Assisted Living (License #9004), Gainesville, FL. No deficient practice was identified at the time of the survey.