

**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 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 complaint investigation survey (CCR #2018013542) was conducted at Hunter's Crossing Place-Assisted Living (License #9004). No deficient practice was identified at the time of the survey.		

**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 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 complaint investigation survey (CCR #2018013542) was conducted at Hunter's Crossing Place-Assisted Living (License #9004). No deficient practice was identified at the time of the survey.		