STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969407	**11/16/2018**
NAME OF PROVIDER OR SUPPLIER **SEAGRASS VILLAGE OF FLEMING ISLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **1949 E W PKWY** **FLEMING ISLAND, FL 32003**	

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

0000 - Initial Comments

On November 16, 2018 an initial licensure assisted living survey with Limited Nursing Services was conducted at Seagrass Village of Fleming Island. Deficient practice was not identified during the survey.