STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968539	**11/16/2018**
NAME OF PROVIDER OR SUPPLIER **BARTRAM LAKES ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **6209 BROOKS BARTRAM DR BLDG 200** **JACKSONVILLE, FL 32258**	

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

0000 - Initial Comments

A complaint investigation (CCR#2018013238) was conducted at Bartram Lakes Assisted Living (License #12426) on 11/16/2018. Bartram Assisted Assisted Living had no deficiencies at the time of the investigation.