

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968402	(X3) DATE SURVEY COMPLETED 11/30/2018
NAME OF PROVIDER OR SUPPLIER SPRING GARDENS OF ORANGE PARK, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2550 SANDLEWOOD CIR ORANGE PARK, FL 32065	

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

0000 - Initial Comments

An unannounced abbreviated biennial survey was conducted on 11/30/18 at Spring Gardens of Orange Park, Inc. ALF, license number #12321. Deficient practice was not identified at the time of the survey.