STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964065	**12/04/2018**
NAME OF PROVIDER OR SUPPLIER **HUSSON AVENUE APARTMENTS-ARC**	STREET ADDRESS, CITY, STATE, ZIP CODE **110 - 112 HUSSON AVENUE** **PALATKA, FL 32177**	

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

0000 - Initial Comments

On December 4, 2018, an unannounced abbreviated biennial re-licensure survey was conducted at Husson Avenue Apartments Assisted Living Facility (License #8809), Palatka, FL .No deficient practice was identified at the time of the survey.