| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965013** | R-C<br>**02/14/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**HUNTER'S CROSSING PLACE-MEMORY CARE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4607 NW 53RD AVENUE**<br>**GAINESVILLE, FL 32606** | |

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

**0000 - Initial Comments**

A desk review was conducted on 2/14/2017 as follow-up on Change of Ownership survey with Limited Nursing Services (LNS) for Hunter's Crossing Place-Memory Care Assisted Living Facility (facility license number 9442). The previously cited deficiencies were cleared as a result of the desk review.