

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/09/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11910312	(X3) DATE SURVEY COMPLETED 12/17/2018
NAME OF PROVIDER OR SUPPLIER DAYSPRING VILLAGE, INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 542301 US HIGHWAY #1 HILLIARD, FL 32046	

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

0000 - Initial Comments

A complaint investigation (CCR#2018014403) was conducted on 12/17/2018. Dayspring Village had no deficiencies at the time of the investigation.