STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968893	**01/11/2019**
NAME OF PROVIDER OR SUPPLIER **THRIVE AT DEERWOOD, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **8929 RG SKINNER PARKWAY** **JACKSONVILLE, FL 32256**	

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

0000 - Initial Comments

Unannounced complaint surveys, (CCR #2018015940 & CCR #201815401) were conducted on 1/10-11/19 at Thrive at Deerwood ALF, license number #12728. No deficient practice was found on the date of the survey.