STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911119	**01/31/2019**
NAME OF PROVIDER OR SUPPLIER **FLEET LANDING**	STREET ADDRESS, CITY, STATE, ZIP CODE **ONE FLEET LANDING BOULEVARD** **ATLANTIC BEACH, FL 32233**	

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

0000 - Initial Comments

On January 31, 2019 a a Limited Nursing Services (LNS) and Extended Congregate Care (ECC) survey was conducted at Fleet Landing Assisted Living (license #7107). Deficient practice was not identified during the survey.