STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964982	**02/13/2019**
NAME OF PROVIDER OR SUPPLIER **ATRIA SAN PABLO**	STREET ADDRESS, CITY, STATE, ZIP CODE **14199 WILLIAM DAVIS PARKWAY** **JACKSONVILLE, FL 32224**	

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

0000 - Initial Comments

On 2/13/2019 a biennial relicensure survey was conducted at Atria San Pablo. There was no deficient practice found at the time of the survey.