| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11966829** | **02/12/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**FORT CAROLINE GARDENS, INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9150 FT CAROLINE RD**<br>**JACKSONVILLE, FL 32225** | |

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

**0000 - Initial Comments**

On 02/12/2019, an emergency power plan monitoring survey was conducted at Fort Caroline Gardens, Inc. Deficient practice was not identified during the survey.