

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966829	(X3) DATE SURVEY COMPLETED R 02/12/2019
NAME OF PROVIDER OR SUPPLIER FORT CAROLINE GARDENS, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 9150 FT CAROLINE RD JACKSONVILLE, FL 32225	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A follow-up visit to a biennial survey and emergency power plan monitoring survey was conducted at Fort Caroline Gardens, Inc. on 2/12/2019. Fort Caroline Gardens, Inc. had no deficiencies at the time of the visit.		