

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969114	(X3) DATE SURVEY COMPLETED 03/08/2019
NAME OF PROVIDER OR SUPPLIER DAYSPRING SENIOR LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 553600 US HWY 1 HILLIARD, FL 32046	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint investigation (CCR#2018017485) was conducted at Dayspring Senior Living (License #12925) from 2/25/2019 to 3/8/2019. Dayspring Senior Living had no deficiencies at the time of the investigation.		