STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969407	R **02/27/2019**
NAME OF PROVIDER OR SUPPLIER **SEAGRASS VILLAGE OF FLEMING ISLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **1949 E W PKWY** **FLEMING ISLAND, FL 32003**	

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

0000 - Initial Comments

An unannounced ECC Monitoring Survey was conducted on 2/27/2019 at Seagrass Village of Fleming Island, License # 13243. No deficient practice was identified at the time of the survey.

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