STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965013	C **04/01/2019**
NAME OF PROVIDER OR SUPPLIER **HUNTER'S CROSSING PLACE-MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4607 NW 53RD AVENUE** **GAINESVILLE, FL 32606**	

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

0000 - Initial Comments

A complaint investigation complaint #2019000204 was conducted at Hunter's Crossing Place - Memory Care Assisted Living Facility, in Gainesville, FL on 4/1/2019. The facility had no deficiencies at the time of the survey.