STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964696	**05/22/2019**
NAME OF PROVIDER OR SUPPLIER **OSPREY VILLAGE AT AMELIA ISLAN**	STREET ADDRESS, CITY, STATE, ZIP CODE **76 OSPREY VILLAGE DRIVE** **AMELIA ISLAND, FL 32034**	

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

0000 - Initial Comments

An unnanouced Extended Congregate Care survey with Emergency Power Plan monitoring was conducted at Osprey Village at Amelia Island on 5/22/2019. The provider had no deficiencies at the time of the visit.