STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968863	R **05/16/2019**
NAME OF PROVIDER OR SUPPLIER **ACACIA GROVE ASSISTED LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2485 RIDGECREST AVE** **ORANGE PARK, FL 32065**	

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

0000 - Initial Comments

A revisit survey was conducted on 5/16/19 at Acacia Grove, an Assisted Living Facility in Jacksonville, Florida. This was a follow-up to the complaint survey completed on 4/4/19. There were no deficiencies found at the time of the visit.