STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969407	**06/03/2019**
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

A complaint investigation (2019004924) was conducted at Seagrass Village of Fleming Island on 06/03/2019. The facility had no deficiencies at the time of the survey.