STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969509	**05/14/2019**
NAME OF PROVIDER OR SUPPLIER **THE LAKESIDE AT AMELIA ISLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **649 AMELIA ISLAND PARKWAY** **AMELIA CITY, FL 32034**	

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

0000 - Initial Comments

An announced initial licensure survey with extended congregate care and emergency power plan was conducted at The Lakeside at Amelia Island on May 14, 2019. The provider had no deficiencies at the time of the visit.