

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 10D0876385	(X3) Date Survey Completed 08/24/2021
Name of Provider or Supplier North Florida Retirement Village	Street Address, City, State 8000 Nw 27th Blvd, Gainesville, FL	
For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.		

(X4) ID Prefix Tag	Summary Statement of Deficiencies
D0000	A remote special focused Covid-19 reporting survey was conducted on 8/24/21 at North Florida Retirement Village. North Florida Retirement Village was in compliance with Code of Federal Regulations (CFR) Part 493, requirements of clinical laboratories.