STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966810	R **12/02/2016**
NAME OF PROVIDER OR SUPPLIER **J & S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1343 JOHNS ST** **JENNINGS, FL 32053**	

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

0000 - Initial Comments

A desk review was conducted on 12/2/2016 as 2nd follow-up visit on complaint survey (CCR#2016005197) for J & S Assisted Living (facility license number 11006). The previously cited deficiencies were cleared as a result of the desk review.