

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968832	(X3) DATE SURVEY COMPLETED R 02/23/2017
NAME OF PROVIDER OR SUPPLIER THE INN AT AGING GRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 SOUTEL DR JACKSONVILLE, FL 32208	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments All of the licensure deficiencies were corrected.		