

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964643	(X3) DATE SURVEY COMPLETED 03/08/2017
NAME OF PROVIDER OR SUPPLIER BISHOP CHRISTIAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1627 EAST 8TH STREET JACKSONVILLE, FL 32206	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments On 3/3-8/2017 a complaint investigation (2017000389) was conducted at Bishop Christian Homes. At the time of the Survey no deficient practice was found.		