

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/07/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911437	(X3) DATE SURVEY COMPLETED R 04/04/2017
NAME OF PROVIDER OR SUPPLIER PLYMOUTH HOME FOR ADULTS	STREET ADDRESS, CITY, STATE, ZIP CODE 3225 PLYMOUTH STREET JACKSONVILLE, FL 32205	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments The deficiency was corrected at the time of the desk review.		