STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968657	R **04/10/2017**
NAME OF PROVIDER OR SUPPLIER **GRACE HOME LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2821 HUNT STR** **JACKSONVILLE, FL 32254**	

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

0000 Initial Comments

The deficiencies were corrected at the time of the desk review.

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