STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968481	**04/04/2017**
NAME OF PROVIDER OR SUPPLIER **HOME FOR ME**	STREET ADDRESS, CITY, STATE, ZIP CODE **7655 COLLINS RIDGE BLVD** **JACKSONVILLE, FL 32244**	

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

0000 Initial Comments

On April 04, 2017 a biennial assisted living facility relicensure survey with Limited Mental Health and Limited Nursing Services was conducted at Home for Me Assisted Living (license #12373). Deficient practice was not identified during the survey.