STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965113	R **05/18/2017**
NAME OF PROVIDER OR SUPPLIER **ALMOST HOME BEACHES**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 WEST FIRST STREET** **ATLANTIC BEACH, FL 32233**	

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

0000 - Initial Comments

A desk review was conducted on March 20, 2017. All deficiencies were corrected.