STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968832	R **05/23/2017**
NAME OF PROVIDER OR SUPPLIER **THE INN AT AGING GRACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2408 SOUTEL DR** **JACKSONVILLE, FL 32208**	

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.