STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966810	R **06/08/2017**
NAME OF PROVIDER OR SUPPLIER **J & S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1343 JOHNS ST** **JENNINGS, FL 32053**	

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

0000 - Initial Comments

On June 8, 2017, an unannounced follow up for J & S Assisted Living Facility in Jennings, Florida (facility license #11006) to the Biennial Licensure Survey originally conducted on 4/17/17 was completed. The previously cited deficiencies were found corrected, and no new deficient practice was identified.