STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965767	**07/03/2017**
NAME OF PROVIDER OR SUPPLIER **SOME PLACE LIKE HOME, INC.#3**	STREET ADDRESS, CITY, STATE, ZIP CODE **4217 CHIPPEWA DRIVE** **JACKSONVILLE, FL 32210**	

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

0000 - Initial Comments

An unannounced abbreviated biennial relicensure survey was conducted at Some Place Like Home #3 (Lic # 10089) on 07/03/2017. Deficient practice was not identified at the time of the visit.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AF52962979	**07/03/2017**
NAME OF PROVIDER OR SUPPLIER **JONES, EFFIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3938 BRAMBLE RD** **JACKSONVILLE, FL 32210**	

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

0000 - INITIAL COMMENTS

An unannounced capacity increase survey was conducted at Effie Jones AFCH on 07/03/2017. Deficient practice was not identified during the visit.