STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967849	**06/26/2017**
NAME OF PROVIDER OR SUPPLIER **JUST LIKE HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **5844 WINDERMERE DR** **JACKSONVILLE, FL 32211**	

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

0000 - Initial Comments

On June 26, 2017, a Limited Nursing Services (LNS) survey was conducted at Just Like Home Assisted Living
(license #11856). Deficient practice was not identified during the survey.