

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 07/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967504	(X3) DATE SURVEY COMPLETED R 07/06/2017
NAME OF PROVIDER OR SUPPLIER GRAND MARY'S HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 4828 EVANSTON ROAD JACKSONVILLE, FL 32208	

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

0000 - Initial Comments

All of the deficiencies were found corrected at the time of the desk review.