

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/21/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911189	(X3) DATE SURVEY COMPLETED 08/30/2017
NAME OF PROVIDER OR SUPPLIER TAYLOR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3937 SPRING PARK ROAD JACKSONVILLE, FL 32207	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint investigation (CCR #2017006339) was conducted at Taylor Home (License #5926) on 08/30/2017. Taylor Home had no deficiencies at the time of the investigation.		