STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911437	**09/25/2017**
NAME OF PROVIDER OR SUPPLIER **PLYMOUTH HOME FOR ADULTS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3225 PLYMOUTH STREET** **JACKSONVILLE, FL 32205**	

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

0000 - Initial Comments

A complaint investigation (CCR #2017006603) was conducted at Plymouth Home for Adults on 9/25/2017. Plymouth Home for Adults (license #5228) had no deficiencies at the time of the investigation.