STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964495	**10/04/2017**
NAME OF PROVIDER OR SUPPLIER **CIRCLE OF HOPE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1550 W. 9TH ST.** **JACKSONVILLE, FL 32209**	

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

0000 - Initial Comments

On October 4, 2017 an unnanounced biennial assisted living facility relicensure survey with Limited Mental Health was conducted at Circle of Hope Assisted Living (License #9084). Deficient practice was not identified during the survey.