STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966623	R **10/19/2017**
NAME OF PROVIDER OR SUPPLIER **STEPHANIE'S LOVE & CARE FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3056 W 1ST STREET** **JACKSONVILLE, FL 32254**	

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

0000 - Initial Comments

The deficiency was corrected at the time of the desk review.