STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968754	R **10/27/2017**
NAME OF PROVIDER OR SUPPLIER **BEACH HOUSE ASSISTED LIVING & MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1315 2ND AVENUE SOUTH** **JACKSONVILLE BEACH, FL 32250**	

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

0000 - Initial Comments

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