STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965392	**10/25/2017**
NAME OF PROVIDER OR SUPPLIER **SOME PLACE LIKE HOME, INC.#2**	STREET ADDRESS, CITY, STATE, ZIP CODE **2307 SMULLIAN TRAIL N.** **JACKSONVILLE, FL 32217**	

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

0000 - Initial Comments

On 10/18-25/2017 an abbreviate biennial survey was conducted at Some Place Like Home Inc. 2 (Lic #9738). At the time of the survey no deficient practice was found.