

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966810	(X3) DATE SURVEY COMPLETED R 11/27/2017
NAME OF PROVIDER OR SUPPLIER J & S ASSISTED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1343 JOHNS ST JENNINGS, FL 32053	

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

0000 - Initial Comments

On 11/27/17, an unannounced follow-up survey was conducted at J&S Assisted Living Facility (License #11006). No deficient practice was identified at time of the survey.