

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911432	(X3) DATE SURVEY COMPLETED R 01/04/2018
NAME OF PROVIDER OR SUPPLIER RIVERSIDE PRESBYTERIAN HOUSE, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 2020 PARK STREET JACKSONVILLE, FL 32204	

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

0000 - Initial Comments

A follow-up visit to a biennial survey was conducted at Riverside Presbyterian House on 01/04/2018. Riverside Presbyterian House had no deficiencies at the time of the visit.