

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 02/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968832	(X3) DATE SURVEY COMPLETED R 02/08/2018
NAME OF PROVIDER OR SUPPLIER THE INN AT AGING GRACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2408 SOUTEL DR JACKSONVILLE, FL 32208	

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

0000 - Initial Comments

All of the deficiencies were found corrected at the time of the desk review.