

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967825	(X3) DATE SURVEY COMPLETED 03/28/2018
NAME OF PROVIDER OR SUPPLIER EJ'S PLACE INC #2	STREET ADDRESS, CITY, STATE, ZIP CODE 5210 WITBY AVENUE JACKSONVILLE, FL 32210	

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

0000 - Initial Comments

An unannounced abbreviated biennial survey was conducted on 3/28/2018 at EJ's Place Inc #2 (Lic # 11773). Deficient practice was not identified at the time of the survey.