| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967305** | R<br>**04/04/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**CLASSY LIVING** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**5714 PLUM HOLLOW DRIVE W**<br>**JACKSONVILLE, FL 32222** | |

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 desk review.