STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968606	R **04/05/2018**
NAME OF PROVIDER OR SUPPLIER **CLAIR WINSTON HOUSE**	STREET ADDRESS, CITY, STATE, ZIP CODE **132 W STANSELL ST** **MACCLENNY, FL 32063**	

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.