

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968754	(X3) DATE SURVEY COMPLETED R 04/09/2018
NAME OF PROVIDER OR SUPPLIER BEACH HOUSE ASSISTED LIVING & MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1315 2ND AVENUE SOUTH JACKSONVILLE BEACH, FL 32250	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments The deficiency was found corrected at the time of the desk review.		