

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911189	(X3) DATE SURVEY COMPLETED R 04/24/2018
NAME OF PROVIDER OR SUPPLIER TAYLOR HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3937 SPRING PARK ROAD JACKSONVILLE, FL 32207	
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.		