

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967258	(X3) DATE SURVEY COMPLETED R 04/30/2018
NAME OF PROVIDER OR SUPPLIER LAFETA FAMILY HOME CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1061 DIVISION STREET JACKSONVILLE, FL 32209	
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.		