STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968657	**04/30/2018**
NAME OF PROVIDER OR SUPPLIER **GRACE HOME LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2821 HUNT STR** **JACKSONVILLE, FL 32254**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A complaint investigation (CCR #2018001662) was conducted at Grace Home Living Facility (License #12677) on 4/30/2018. Grace Home Living Facility had no deficiencies at the time of the investigation.