

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964643	(X3) DATE SURVEY COMPLETED 05/01/2018
NAME OF PROVIDER OR SUPPLIER BISHOP CHRISTIAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1627 EAST 8TH STREET JACKSONVILLE, FL 32206	

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

0000 - Initial Comments

A complaint investigation (CCR 2018002746,) was conducted at Bishop Chrisitan Home (License #9129) on 05/01/2018 . Bishop Christian Home had no deficiencies at the time of the investigation.