STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968881	**06/19/2018**
NAME OF PROVIDER OR SUPPLIER **INGLESIDE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1433 INGLESIDE AVENUE** **JACKSONVILLE, FL 32205**	

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

0000 - Initial Comments

A complaint investigation (CCR#2018004085) was conducted at Ingleside Retirement Home (License #12704) on 06/19/2018. The facility had no deficiencies at the time of the investigation.

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