STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966810	R **07/11/2018**
NAME OF PROVIDER OR SUPPLIER **J & S ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **1343 JOHNS ST** **JENNINGS, FL 32053**	

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

0000 - Initial Comments

On , 2018, an unannounced revisit to complaint survey (CCR # 2017013775) was conducted at J and S Assisted Living Facility (license # 11006), Jennings, FL. Deficient practices identified previously were corrected at the time of survey.

0152 - Physical Plant - Safe Living Environ/Other - 58A-5.023(3) FAC