STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968285	**07/26/2018**
NAME OF PROVIDER OR SUPPLIER **PORTER'S ADULT CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **700 DAY AVE** **JACKSONVILLE, FL 32205**	

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

0000 - Initial Comments

On July 26, 2018 an unnanounced biennial Assisted Living Facility relicensure survey with Limited Mental Health and EPP (emergency power plan) monitoring was conducted at Porter's Adult Care Assisted Living (License #12235). Deficient practice was not identified during the survey.