

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/24/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968119	(X3) DATE SURVEY COMPLETED 07/25/2018
NAME OF PROVIDER OR SUPPLIER THE TERRACE AT IVEY ACRES OF JAY	STREET ADDRESS, CITY, STATE, ZIP CODE 3964 FLORIDA AVE JAY, FL 32565	

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

0000 - Initial Comments

An unannounced monitoring visit to complete a generator assessment was conducted at The Terrace at Ivey Acres on 7/25/2018. At the time of the visit, no deficient practice was identified.