STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968710	**10/24/2018**
NAME OF PROVIDER OR SUPPLIER **PEACHES-NA-BASKET**	STREET ADDRESS, CITY, STATE, ZIP CODE **2017 SOUTEL DRIVE** **JACKSONVILLE, FL 32208**	

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

0000 - Initial Comments

On October 24, 2018 a biennial relicensure survey was conducted at Peaches-Na- Basket Assisted Living (License #12587). Deficient practice was not identified during the survey.