STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964968	**10/31/2018**
NAME OF PROVIDER OR SUPPLIER **SOME PLACE LIKE HOME,INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **7819 N GLEN ECHO RD** **JACKSONVILLE, FL 32211**	

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

0000 - Initial Comments

An unannounced abbreviated licensure survey and emergency power plan monitoring visit was on conducted on 10/31/2018 at Some Place Like Home ALF, License #9424. No deficiencies were identified at the time of the survey.