STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964704	**11/01/2018**
NAME OF PROVIDER OR SUPPLIER **VALIZ'S PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **3410 NORTH MYRTLE AVENUE** **JACKSONVILLE, FL 32209**	

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

0000 - Initial Comments

An unannounced Emergency Power Plan monitoring visit was conducted on 11/01/2018 at Valiz's Place, License #9260. Deficient practice was not identified at the time of the survey.