STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968046	R **10/29/2018**
NAME OF PROVIDER OR SUPPLIER **MYRTICE ANGELS SENIOR HOME CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2570 VERNON ST** **JACKSONVILLE, FL 32209**	

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

0000 - Initial Comments

An unannounced monitoring follow-up visit for an Emergency Power Plan was conducted on 10/29/2018 at Myrtice Angels Senior Home Care LLC. No deficient practice was identified at the time of the visit.