STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967258	**10/29/2018**
NAME OF PROVIDER OR SUPPLIER **LAFETA FAMILY HOME CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1061 DIVISION STREET** **JACKSONVILLE, FL 32209**	

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

0000 - Initial Comments

An unannounced Assisted Living Facility Emergency Power Plan monitoring visit was conducted on 10/29/2018 at Lafeta Family Home Care LLC, License #11373. No deficient practice was identified at the time of the survey.