

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/21/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968294	(X3) DATE SURVEY COMPLETED 02/13/2019
NAME OF PROVIDER OR SUPPLIER RIGHT TIME RIGHT PLACE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 6140 CLEVELAND RD JACKSONVILLE, FL 32209	

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

0000 - Initial Comments

A complaint investigation (CCR#2018018016) was conducted at Right Time Right Place, LLC (License #12216) on 2/13/2019. Right Time Right Place, LLC had no deficiencies at the time of the investigation.