STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965113	**02/07/2019**
NAME OF PROVIDER OR SUPPLIER **ALMOST HOME BEACHES**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 WEST FIRST STREET** **ATLANTIC BEACH, FL 32233**	

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

0000 - Initial Comments

A complaint investigation (CCR #2019001630,) was conducted at Almost Home Beaches on 02/07/2019. No deficiencies were found at the time of the investigation.

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