STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966170	R **04/01/2019**
NAME OF PROVIDER OR SUPPLIER **LAUREL OAKS**	STREET ADDRESS, CITY, STATE, ZIP CODE **3809 CAPPER RD** **JACKSONVILLE, FL 32218**	

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

0000 - Initial Comments

All of the deficiencies were corrected at the time of the desk review.