STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968657	**04/04/2019**
NAME OF PROVIDER OR SUPPLIER **GRACE HOME LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2821 HUNT STR** **JACKSONVILLE, FL 32254**	

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

0000 - Initial Comments

A re-licensure survey with Emergency Power Plan and Limited Mental Health monitorings was conducted at Grace Home Living, LLC on 4/4/2019. The provider had no deficiences at the time of the visit.