

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911437	(X3) DATE SURVEY COMPLETED R 04/22/2019
NAME OF PROVIDER OR SUPPLIER PLYMOUTH HOME FOR ADULTS	STREET ADDRESS, CITY, STATE, ZIP CODE 3225 PLYMOUTH STREET JACKSONVILLE, FL 32205	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments All of the deficiencies were found corrected at the time of the desk review.		