STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969507	**04/24/2019**
NAME OF PROVIDER OR SUPPLIER **INSPIRED LIVING AT JACKSONVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10520 VALIDUS DR** **JACKSONVILLE, FL 32256**	

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

0000 - Initial Comments

An announced initial licensure survey was conducted at Inspired Living at Jacksonville on 4/24/2019.
The provider had no deficiencies at the time of the visit.