STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964643	R **05/03/2019**
NAME OF PROVIDER OR SUPPLIER **BISHOP CHRISTIAN HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1627 EAST 8TH STREET** **JACKSONVILLE, FL 32206**	

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

0000 - Initial Comments

A desk review revisit was conducted at Bishop Home Care on May 3, 2019. Deficiencies were corrected at the time of the desk review.