

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966866	(X3) DATE SURVEY COMPLETED R 04/17/2019
NAME OF PROVIDER OR SUPPLIER BRIDGE OF HOPE ALF	STREET ADDRESS, CITY, STATE, ZIP CODE 5265 LONGLEAF ST JACKSONVILLE, FL 32209	

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

0000 - Initial Comments

A revisit to a biennial survey was conducted at Bridge of Hope ALF on 04/17/2019. Deficiencies were found to be corrected at the time of the survey.