

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/28/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964704	(X3) DATE SURVEY COMPLETED R 05/15/2019
NAME OF PROVIDER OR SUPPLIER VALIZ'S PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 3410 NORTH MYRTLE AVENUE JACKSONVILLE, FL 32209	

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

0000 - Initial Comments

A revisit to a biennial surey was conducted at Valiz's Place on May 15, 2019. Deficiencies were found to be corrected at the time of the desk review.