STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964585	**02/14/2017**
NAME OF PROVIDER OR SUPPLIER **JANE ADAMS HOUSE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **1550 NECTARINE STREET** **FERNANDINA BEACH, FL 32034**	

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

0000 Initial Comments

On February 14, 2017 an unannounced biennial re-licensure survey was conducted at the Jane Adams House (License #9091). Deficient Practice was not identified during the survey.