STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968881	**03/15/2017**
NAME OF PROVIDER OR SUPPLIER **INGLESIDE RETIREMENT HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **1433 INGLESIDE AVENUE** **JACKSONVILLE, FL 32205**	

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

0000 Initial Comments

On March 15, 2017 an unannounced biennial re-licensure survey and a complaint survey, CCR 2016014502, was conducted at the Ingleside Retirement Home (License #12704). Deficient Practice was not identified during the survey.