

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 06/25/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968961	(X3) DATE SURVEY COMPLETED R 06/20/2018
NAME OF PROVIDER OR SUPPLIER PEABODY ALF INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1309 PEABODY DR E JACKSONVILLE, FL 32221	

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

0000 - Initial Comments

All of the deficiencies were found corrected at the time of the desk review.