

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 08/20/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11912070	(X3) DATE SURVEY COMPLETED 08/08/2018
NAME OF PROVIDER OR SUPPLIER ALMOST HOME SENIOR SERVICES, I	STREET ADDRESS, CITY, STATE, ZIP CODE 9664 HOOD ROAD JACKSONVILLE, FL 32257	

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

0000 - Initial Comments

On 8/8/2018 an Emergency Power Plan (EPP) monitoring visit was conducted at Almost Home Senior Services I. No deficiencies were identified.