

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968961	(X3) DATE SURVEY COMPLETED 09/06/2018
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

A complaint investigation (CCR#2018013330) was conducted at Peabody ALF, Inc (License #12841) on 09/06/2018. The facility had no deficiencies at the time of the investigation.