

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964585	(X3) DATE SURVEY COMPLETED R 01/28/2019
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

The deficiency was found corrected at the time of the desk review.