Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	10D2115249	02/23/2018
Name of Provider or Supplier	**Street Address, City, State**	
Baptist North Emergency Center	11250 Baptist Health Drive, Jacksonville, FL	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	Summary Statement of Deficiencies
No Tags	No deficiency details available.