STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969127	**02/06/2017**
NAME OF PROVIDER OR SUPPLIER **ANTHEM LAKES, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **905 ASSISI LN** **JACKSONVILLE, FL 32223**	

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

0000 Initial Comments

On February 6, 2017 an initial licensure survey was conducted at Anthem Lakes, LLC Assisted Living. Deficient practice was not identified during the survey.

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