

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/17/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942717	(X3) DATE SURVEY COMPLETED R 02/28/2017
NAME OF PROVIDER OR SUPPLIER DEERWOOD PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 8700 A C SKINNER PARKWAY JACKSONVILLE, FL 32256	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 Initial Comments The deficiency was corrected at the time of the follow-up visit.		