

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969194	(X3) DATE SURVEY COMPLETED 05/04/2017
NAME OF PROVIDER OR SUPPLIER CANTERFIELD OF CLAY COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 1611 WINNERS CIR MIDDLEBURG, FL 32068	

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

0000 Initial Comments

On May 4, 2017 an initial licensure assisted living survey was conducted at Canterfield of Clay County Assisted Living. Deficient practice was not identified during the survey.