STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942717	**06/09/2017**
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

A complaint investigation (CCR 2017002138,) was conducted at Deerwood Place Assisted Living Facility (Lic #6007) on 05/24/2017 to 06/09/2017. Deerwood Place Assisted Living Facility had no deficiencies at the time of the investigation.