STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963719	**08/17/2017**
NAME OF PROVIDER OR SUPPLIER **WYNDHAM LAKES JACKSONVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **10660 OLD ST. AUGUSTINE ROAD** **JACKSONVILLE, FL 32257**	

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

0000 - Initial Comments

A complaint investigation (CCR #2017007648,) was conducted at Wyndham Lakes Assisted Living Facility.Wyndham Lakes Assisted Living Facility had no deficiency at the time of the investigation .