

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963719	(X3) DATE SURVEY COMPLETED R 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 follow-up visit to a complaint survey was conducted at Wyndham Lakes on 08/17/2017. Wyndham Lakes had no deficiencies at the time of the visit.		