STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963719	**10/19/2017**
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 survey was conducted on October 19, 2017 at Wyndham Lakes Jacksonville. Deficiencies were not identified.