STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963719	R **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

An unannounced follow up to the CHOW survey and CCR#2014008054 was conducted at Wyndham Lakes Jacksonville (Lic #5572) was conducted on 10/19/17. No deficient practice was identified.