STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968239	**11/13/2017**
NAME OF PROVIDER OR SUPPLIER **ANAM PARC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4294 TANGLEWILDE DR S** **JACKSONVILLE, FL 32257**	

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

0000 - Initial Comments

An unannounced biennial licensure survey was conducted on 11/13/2017 at Anam Parc (Lic #12145). The facility had no deficiencies identified at the time of the survey.