

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11942717	(X3) DATE SURVEY COMPLETED 01/08/2018
NAME OF PROVIDER OR SUPPLIER DEERWOOD PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 8700 A C SKINNER PARKWAY JACKSONVILLE, FL 32256	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint investigation (CCR #2017011941) was conducted at Deerwood Place (License #6007) on 1/08/2017. Deerwood Place had no deficiencies at the time of the investigation.		