

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969194	(X3) DATE SURVEY COMPLETED 01/17/2018
NAME OF PROVIDER OR SUPPLIER CANTERFIELD OF CLAY COUNTY	STREET ADDRESS, CITY, STATE, ZIP CODE 1611 WINNERS CIR MIDDLEBURG, FL 32068	

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

0000 - Initial Comments

A complaint investigation (CCR #2017013480) was conducted at Canterfield of Clay County Assisted Living Facility on 01/17/2018. No deficiencies were identified at the time of the investigation.