

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/29/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968893	(X3) DATE SURVEY COMPLETED 01/09/2018
NAME OF PROVIDER OR SUPPLIER THRIVE AT DEERWOOD, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 8929 RG SKINNER PARKWAY JACKSONVILLE, FL 32256	

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

0000 - Initial Comments

An unannounced Change of Ownership survey was conducted on 01/09/2018 at Thrive At Deerwood. There were no deficiencies identified at the time of the survey.