STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963719	**02/11/2018**
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 complaint survey (CCR #2017013993) was conducted on 02/11/2018 at Wyndham Lakes (Lic# 5572). Deficiencies were not identified at the time of the survey.