STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11942717	R **07/23/2018**
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

All of the deficiencies were found corrected at the time of the desk review.

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