

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/22/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969127	(X3) DATE SURVEY COMPLETED 08/08/2018
NAME OF PROVIDER OR SUPPLIER ANTHEM LAKES, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 905 ASSISI LN JACKSONVILLE, FL 32223	

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

0000 - Initial Comments

A complaint investigation (CCR #2018007617) was conducted at Anthem Lakes on 8/8/2018. Anthem Lakes (License #12972) had no deficiencies at the time of the investigation.