

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963719	(X3) DATE SURVEY COMPLETED 08/07/2018
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

Three complaint investigations (CCR#2018009952, CCR#2018007886 & CCR#2018007236) were conducted at Wyndham Lakes Jacksonville (License #5572) on 8/7/2018. Wyndham Lakes Jacksonville had no deficiencies at the time of the investigation.