STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968239	**08/08/2018**
NAME OF PROVIDER OR SUPPLIER **ANAM PARC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4294 TANGLEWILDE DR S** **JACKSONVILLE, FL 32257**	

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

0000 - Initial Comments

From 08/08/2018 to 08/24/2018 an Emergency Power Plan monitoring visit was conducted at Anam Parc. Deficient practice was not identified at the time of the visit.