STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969127	**11/14/2018**
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

An unannounced complaint survey, (CCR#2018012386), biennial licensure survey and emergency power plan monitoring visit was conducted on 11/14/18 at Anthem Lakes ALF, license number #12972. Deficient practice was not identified at the time of the surveys.