

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/15/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963719	(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER WYNDHAM LAKES JACKSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 10660 OLD ST. ROAD JACKSONVILLE, FL 32257	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint investigation (CCR #2019000840) was conducted at Wyndham Lakes Jacksonville. The provider had no deficiencies at the time of the visit.		