STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969194	R **03/21/2019**
NAME OF PROVIDER OR SUPPLIER **CANTERFIELD OF CLAY COUNTY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1611 WINNERS CIR** **MIDDLEBURG, FL 32068**	

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

0000 - Initial Comments

The deficiency was found corrected at the time of the follow-up visit.