STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968516	**02/13/2017**
NAME OF PROVIDER OR SUPPLIER **CAMELLIA AT DEERWOOD**	STREET ADDRESS, CITY, STATE, ZIP CODE **10061 SWEETWATER PKWY** **JACKSONVILLE, FL 32256**	

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

0000 Initial Comments

On February 13, 2017 an initial unnanounced Limited Nursing Service survey was conducted at Camellia at Deerwood Assisted Living (License #12415). Deficient practice was not identified during the survey.