

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968516	(X3) DATE SURVEY COMPLETED 12/14/2017
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 December 14, 2017 a Limited Nursing Services survey was conducted at Camellia at Deerwood Assisted Living (License #12425). Deficient practice was not identified during the survey.