STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968516	**08/09/2018**
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 August 9, 2018 a Limited Nursing Services survey and emergency power plan monitoring visit was conducted at Camellia at Deerwood Assisted Living (License #12425). Deficient practice was not identified during the survey.