

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968406	(X3) DATE SURVEY COMPLETED 08/08/2018
NAME OF PROVIDER OR SUPPLIER ANAM PARC II	STREET ADDRESS, CITY, STATE, ZIP CODE 4867 SUSANNA WOODS CT JACKSONVILLE, FL 32257	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments From 08/08/2018 to 08/24/2018 an Emergency Power Plan monitoring visit was conducted at Anam Parc II. Deficient practice was not identified at the time of the visit.		