

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/21/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968406	(X3) DATE SURVEY COMPLETED 12/12/2018
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

An unannounced biennial licensure survey was on conducted on 12/12/2018 at Anam Parc II ALF. No deficiencies were identified at the time of the survey.