

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968516	(X3) DATE SURVEY COMPLETED 03/07/2019
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

A complaint investigation (CCR #2018018640) was held at Camellia at Deerwood facility on 3/7/2019. Camellia at Deerwood had no deficiencies at the time of the complaint survey.