STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963906	R **05/11/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE SOUTHSIDE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9601 SOUTHBROOK DRIVE** **JACKSONVILLE, FL 32256**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

The deficiency was corrected at the time of the desk review.