STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964271	**06/12/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE MANDARIN CENTRAL**	STREET ADDRESS, CITY, STATE, ZIP CODE **10875 OLD ST. AUGUSTINE ROAD** **JACKSONVILLE, FL 32257**	

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

0000 - Initial Comments

An unanounced Limited Nursing Services montioring visit was conducted at Brookdale Mandarin Central Asissted Living facility (License #8868) . Deficient practice was not identified during the survey.