

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/29/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964912	(X3) DATE SURVEY COMPLETED R 06/27/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE SOUTHPOINT	STREET ADDRESS, CITY, STATE, ZIP CODE 6895 BELFORT OAKS PLACE JACKSONVILLE, FL 32216	
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.		