STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964646	**06/28/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CROWN POINT**	STREET ADDRESS, CITY, STATE, ZIP CODE **10050 OLD ST. AUGUSTINE ROAD** **JACKSONVILLE, FL 32257**	

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

0000 - Initial Comments

On June 28, 2017 a Limited Nursing Services (LNS) and Extended Congregate Care (ECC) survey was conducted at Brookdale Crown Point Assisted Living (license #9133). Deficient practice was not identified during the survey.