

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964069	(X3) DATE SURVEY COMPLETED 07/17/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE MANDARIN	STREET ADDRESS, CITY, STATE, ZIP CODE 10790 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32257	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A complaint investigation (CCR #2017002051) was conducted at Brookdale Mandarin (License #8789) on 7/17/2017. Brookdale Mandarin had no deficiencies at the time of the investigation.		