

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/13/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964271	(X3) DATE SURVEY COMPLETED 10/05/2017
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 On October 5, 2017 an unannounced biennial licensure survey was conducted at Brookdale Mandarin Central (License# 8868). Deficient practice was not identified during the survey.		