STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964646	**11/28/2017**
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

An unannounced abbreviated biennial relicensure survey with Extended Congregate Care and Limited Nursing Services Monitoring was conducted on 11/28/2017 at Brookdale Crown Point (Lic # 9133). There were no deficiencies identified at the time of the survey.