

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964912	(X3) DATE SURVEY COMPLETED R 02/26/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE SOUTHPPOINT	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

A follow-up visit to a complaint survey (2017011894) was conducted at Brookdale Southpoint Assisted Living Facility on 02/26/2018. Brookdale Southpoint had no deficiencies at the time of the visit.