

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964271	(X3) DATE SURVEY COMPLETED R 07/20/2018
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

A desk review was conducted on July 20, 2018 at Brookdale Mandarin Central. The deficiency was corrected.