

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964271	(X3) DATE SURVEY COMPLETED 02/14/2019
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 complaint investigation CCR #2018018090 was held at Brookdale Mandarin Central on 2/14/2019. There were no deficiencies identified at the time of the investigation.		