STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964646	**03/26/2019**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE CROWN POINT**	STREET ADDRESS, CITY, STATE, ZIP CODE **10050 OLD ST. ROAD** **JACKSONVILLE, FL 32257**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

On [redacted], an unannounced Limited Nursing Services, Extended Congregate Care, and Emergency Power Plan monitoring survey was conducted at Brookdale Crown Point. Deficient practice was not identified during the survey.