

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11911439	(X3) DATE SURVEY COMPLETED 06/10/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE ATRIUM WAY 1	STREET ADDRESS, CITY, STATE, ZIP CODE 9960 ATRIUM WAY JACKSONVILLE, FL 32225	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A Limited Nursing Service monitoring survey was conducted on 6/10/2015. Brookdale Atrium Way 1 had no Licensure deficiencies found at the time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 15, 2015

Administrator
Brookdale Atrium Way 1
9960 Atrium Way
Jacksonville, FL 32225

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on June 10, 2015 by a representative of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,

Jana Meyering, QIDP
Health Facility Evacuator Supervisor
Division of Health Quality Assurance

MB/JM/sm
Enclosure

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