

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/16/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964476	(X3) DATE SURVEY COMPLETED 07/15/2015
NAME OF PROVIDER OR SUPPLIER BROOKDALE AVONDALE	STREET ADDRESS, CITY, STATE, ZIP CODE 4455 MERRIMAC AVENUE JACKSONVILLE, FL 32210	

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

0000 - Initial Comments

An unannounced Limited Nursing Services was conducted at Brookdale Avondale in Jacksonville, Florida on July 15, 2015. Deficiencies were not identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 16, 2015

Administrator
Brookdale Avondale
4455 Merrimac Avenue
Jacksonville, FL 32210

Dear Administrator:

This letter reports findings of a state licensure Limited Nursing Services survey that was conducted on July 15, 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,

A handwritten signature in black ink, appearing to read "Jana Meyer, QIP", followed by the text "RWS for".

Jana Meyer, QIP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

RS/JM/sm
Enclosure

1GGN

