

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/08/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911439	(X3) DATE SURVEY COMPLETED 04/19/2017
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 complaint investigation (CCR 2017000834) was conducted on 4/19/2017 at Brookdale Atrium Way 1 Assisted Living Facility (License #7109). Brookdale Atrium Way 1 had no deficiencies at the time of the investigation.