

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911439	(X3) DATE SURVEY COMPLETED R 06/06/2018
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 All of the deficiencies were found corrected at the time of the desk review.		