

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964980	(X3) DATE SURVEY COMPLETED R 10/04/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE ORANGE PARK	STREET ADDRESS, CITY, STATE, ZIP CODE 1248 KINGSLEY AVENUE ORANGE PARK, FL 32073	

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

0000 - Initial Comments

A follow-up visit to a biennial survey was conducted at Brookdale Orange Park on 10/04/2018. Brookdale Orange Park had no deficiencies at the time of the visit.