

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/18/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911439	(X3) DATE SURVEY COMPLETED 02/28/2019
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

An unannounced complaint survey, (CCR #2018017907) was conducted on 2/28/19 at Brookdale Atrium Way 1, license number #7109. No deficient practice was found on the date of the survey.