STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964980	**04/01/2019**
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 complaint investigation 2019000646 was conducted at Brookdale Orange Park on . . . . . The provider had no deficiences at the time of the visit.