| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964476** | **03/05/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE AVONDALE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**4455 MERRIMAC AVENUE**<br>**JACKSONVILLE, FL 32210** | |

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

**0000 - Initial Comments**

"Revised"

An unannounced biennial licensure survey was on conducted on 3/5/2019 at Brookdale Avondale.
Deficient practice was not identified at the time of the survey.