

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/26/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965390	(X3) DATE SURVEY COMPLETED R 04/24/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE WEST MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 7199 GREENBORO DR MELBOURNE, FL 32904	

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

0000 - Initial Comments

A revisit to Limited Nursing Services (LNS) monitoring survey was conducted on 04/24/2017. Brookdale West Melbourne, License #9766 had deficiencies at the time of the visit.