

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/19/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965390	(X3) DATE SURVEY COMPLETED R 10/17/2017
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 the monitoring visit for Limited Nursing Services (LNS) was conducted on 10/17/17. Brookdale West Melbourne license #9766 did not have any deficiencies found at the time of the visit.