STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964709	R **08/03/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE BLUEWATER BAY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1551 MERCHANTS WAY** **NICEVILLE, FL 32578**	

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

0000 - Initial Comments

A desk review revisit limited nursing services monitoring survey was completed on July 17, 2017 for Brookdale of Bluewater Bay, state license #9189. Based on submitted evidence of correction, supporting documentation and review of the employee roster, deficiencies were found corrected.