

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964072	(X3) DATE SURVEY COMPLETED 11/15/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE WEST MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 GREENBORO DRIVE MELBOURNE, FL 32904	

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

0000 - Initial Comments

A Complaint Investigation #2017009505 was conducted on 11/15/2017. Brookdale West Melbourne Assisted Living (License# 8834) with Limited Nursing Services (LNS) had no deficiencies at the time of the visit.