

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 12/20/2017  
FORM APPROVED

|                                                                |                                                                                                       |                                                                     |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11964946</b>                           | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>12/12/2017</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BROOKDALE MELBOURNE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1765 WEST HIBISCUS BLVD</b><br><b>MELBOURNE, FL 32901</b> |                                                                     |

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

**0000 - Initial Comments**

A revisit to the complaint investigation #2017008808 was conducted on 12/12/2017. Brookdale Melbourne, License#9396, did not have deficiencies at the time of the visit.