

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911315	(X3) DATE SURVEY COMPLETED R 12/04/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE TITUSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 HARRISON STREET TITUSVILLE, FL 32780	

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

0000 - Initial Comments

12/4/17 Desk review completed to complaint #2017009909. Brookdale Titusville, license #55758, had no deficiencies at the time of the review.