

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964709	(X3) DATE SURVEY COMPLETED R 09/29/2017
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

On 9/29/17, a desk review revisit licensure survey was completed for the biennial standard survey with Limited Nursing Services dated August 16-17, 2017 at Brookdale Bluewater Bay Assisted Living Facility (license #9189). Based on submitted evidence of correction and supporting documentation, deficiencies were found corrected.