| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964946** | **02/20/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE MELBOURNE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**1765 WEST HIBISCUS BLVD**<br>**MELBOURNE, FL 32901** | |

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

**0000 - Initial Comments**

A complaint Investigation #2017013511 was conducted on 2/20/18. Brookdale Melbourne Assisted Living Facility, License #9296 had no deficiencies at the time of the visit.