

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911315	(X3) DATE SURVEY COMPLETED 02/20/2018
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

A Limited Nursing Service (LNS) monitoring visit was conducted on February 20, 2018. Brookdale Titusville, license #5758, had no deficiencies at the time of the visit.