

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964946	(X3) DATE SURVEY COMPLETED 03/15/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 1765 WEST HIBISCUS BLVD MELBOURNE, FL 32901	

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

0000 - Initial Comments

A complaint investigation #2017015374 was conducted on 3/6, 3/7, 3/9, 3/12 and 3/15/18. Brookdale Melbourne license # 9396 had no deficiencies found at the time of the visit.