

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964946	(X3) DATE SURVEY COMPLETED R 04/04/2018
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 revisit to complaint investigation #2017015129 was conducted on 04/04/2018. Brookdale Melbourne, license #9396, had no deficiencies at the time of the investigation