

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/09/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964072	(X3) DATE SURVEY COMPLETED R 03/29/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE WEST MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 GREENBORO DRIVE MELBOURNE, FL 32904	

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

0000 - Initial Comments

Revisit to Complaint Investigation #2017013561 was conducted on 3/29/18. Brookdale West Melbourne, License # 7354, did not have any deficiencies found at the time of the visit.