

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964072	(X3) DATE SURVEY COMPLETED R 05/09/2018
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 A revisit survey to the monitoring for Limited Nursing Services (LNS) was conducted on 05/09/2018. Brookdale West Melbourne, License#8834, did not have deficiencies at the time of the visit.		