

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/05/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964709	(X3) DATE SURVEY COMPLETED 08/17/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE BLUEWATER BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 1551 MERCHANTS WAY NICEVILLE, FL 32578	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On August 16-August 17, 2017, an unannounced complaint survey was conducted for the allegations contained within CCR# 2017009099 at Brookdale Bluewater Bay Assisted Living Facility (license #9189). A biennial standard survey with Limited Nursing Services was conducted in conjunction. There was no deficient practice related to the compliant survey.		