STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965390	R **06/21/2018**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE WEST MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **7199 GREENBORO DR** **MELBOURNE, FL 32904**	

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

0000 - Initial Comments

A second revisit to the re-licensure survey with Limited Nursing Service (LNS) was conducted on . . . . . Brookdale West Melbourne, License #9766, had a deficiency at the time of the visit.

0181 - Emergency Plan Approval - 58A-5.026(2) FAC

DEFICIENCY REMAINED UNCORRECTED

Based on facility record review and interview, the facility failed to have an approval letter for its Comprehensive Emergency Management Plan (CEMP) from the local emergency management agency.

Findings:

On . . . . . at 10:30 a.m., the administrator stated she still had not received an approval letter from the county for the facility CEMP.

Class III