| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11964204** | R<br>**10/02/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE EAU GALLIE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2680 CROTON ROAD**<br>**MELBOURNE, FL 32935** | |

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

**0000 - Initial Comments**

A revisit to the re-licensure survey was conducted on 10/2/2018. Brookdale Eau Gallie Assisted Living Facility with Limited Nursing Services (LNS), license #8885 had no deficiencies at the time of the visit.