

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/29/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964946	(X3) DATE SURVEY COMPLETED R 10/03/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 1765 WEST HIBISCUS BLVD MELBOURNE, FL 32901	

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

0000 - Initial Comments

A second revisit to a Complaint # 2018003488 was conducted on 10/3/2018. Brookdale Melbourne Assisted Living Facility with Limited Nursing Services (LNS), License #9396 had no deficiencies at the time of the visit.