

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911315	(X3) DATE SURVEY COMPLETED R 10/31/2018
NAME OF PROVIDER OR SUPPLIER BROOKDALE TITUSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 1800 HARRISON STREET TITUSVILLE, FL 32780	

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

0000 - Initial Comments

A second revisit to the biennial licensure survey with Limited Nursing Service (LNS) was conducted on October 31, 2018. Brookdale Titusville, license #5758, did not have deficiencies at the time of the visit.