

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969394	(X3) DATE SURVEY COMPLETED 12/13/2018
NAME OF PROVIDER OR SUPPLIER BROOKVIEW MANOR ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 882 BROOKVIEW LN ROCKLEDGE, FL 32955	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control planning was conducted on 12/13/18. Brookview Manor ALF (ID 11969394) had no deficiencies at the time of the visit.