

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965390	(X3) DATE SURVEY COMPLETED R 01/10/2019
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 revisit to Complaint Investigation #2018014072 was conducted on 1/10/2019. Brookdale West Melbourne Assisted Living Facility, license #9766, had no deficiencies at the time of the visit.