

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964072	(X3) DATE SURVEY COMPLETED R 01/31/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE WEST MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 7300 GREENBORO DRIVE MELBOURNE, FL 32904	

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

0000 - Initial Comments

A second revisit to the re-licensure survey with Limited Nursing Services (LNS) was conducted on 01/31/2019. Brookdale West Melbourne license # 7354, had no deficiencies at the time of the visit.