

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/20/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964760	(X3) DATE SURVEY COMPLETED 08/30/2019
NAME OF PROVIDER OR SUPPLIER BROOKDALE WEST MELBOURNE	STREET ADDRESS, CITY, STATE, ZIP CODE 7200 GREENBORO DR MELBOURNE, FL 32904	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A generator monitoring was conducted on 8/30/2019 at Brookdale West Melbourne Assisted Living (Building 7200) with Limited Nursing Services (LNS). The facility had no deficiencies at the time of the visit.		