

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/15/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964787	(X3) DATE SURVEY COMPLETED R 11/07/2017
NAME OF PROVIDER OR SUPPLIER BROOKDALE JENSEN BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 1700 NE INDIAN RIVER DRIVE JENSEN BEACH, FL 34957	

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

0000 - Initial Comments

A desk review revisit was conducted for Brookdale Jensen Beach (License #9294) on 11/07/17. The facility had no deficiencies found at the time of the revisit.