

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965390	(X3) DATE SURVEY COMPLETED 01/16/2018
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 complaint investigation #2017012786 was conducted on 01/16/2018. Brookdale West Melbourne, License#9766, did not have deficiencies at the time of the visit.		