

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964787	(X3) DATE SURVEY COMPLETED R 10/05/2018
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

An unannounced 2nd revisit to the complaint survey CCR# 2018000870, was conducted on 10/05/2018 at Brookdale Jensen Beach, License # 9294. Previously cited deficiency was found corrected.

A generator assessment was conducted during this survey on the same date.