

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/13/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964787	(X3) DATE SURVEY COMPLETED R 10/22/2018
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 Limited Nursing Services (LNS) Monitoring revisit survey was conducted on 10/22/2018 at Brookdale Jensen Beach, License #9294. The previously cited deficiency was found corrected at the time of the survey.