

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932514	(X3) DATE SURVEY COMPLETED R 10/30/2018
NAME OF PROVIDER OR SUPPLIER THE BROOKSHIRE	STREET ADDRESS, CITY, STATE, ZIP CODE 85 BULLDOG BLVD. MELBOURNE, FL 32901	

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

0000 - Initial Comments

A second revisit to Complaint Investigation #2018004640 was conducted on October 30, 2018. The Brookshire, license #7354, did not have deficiencies at the time of the visit.