

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932514	(X3) DATE SURVEY COMPLETED R 11/08/2018
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 revisit to a mid- cycle monitoring was conducted on 11/07 and 11/08/2018 in addition to a complaint investigation 2018012376. The Brookshire license #7354 had no deficiencies at time of the visit related to the revisit.