

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932514	(X3) DATE SURVEY COMPLETED R 01/10/2019
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 complaint #2018012376 was conducted on 01/10/2019. The Brookshire, (LIC#7354) had no deficiencies found at the time of the visit.