

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/30/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964787	(X3) DATE SURVEY COMPLETED R 05/14/2019
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

A revisit to licensure complaint survey (#2019001167), was conducted on 05/13/2019 - 05/14/2019 at Brookdale Jensen Beach. The previously cited deficiencies were found corrected at the time of the survey.

This revisit was conducted in conjunction with the Relicensure survey and licensure complaint #2019002204.