STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953584	**02/21/2017**
NAME OF PROVIDER OR SUPPLIER **FOUNTAINS OF MELBOURNE**	STREET ADDRESS, CITY, STATE, ZIP CODE **4451 STACK BLVD** **MELBOURNE, FL 32901**	

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

0000 - Initial Comments

Complaint investigation (#2017000089) was conducted on 02/21/2017. Fountains Of Melbourne, License#8624, did not have any deficiencies found at the time of the survey.