

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953584	(X3) DATE SURVEY COMPLETED R 08/16/2017
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

A revisit to a Limited Nursing Services monitoring visit was conducted on 08/16/2017. Fountains of Melbourne, license #8624, had no deficiencies at the time of the visit.