STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968417	R **10/10/2017**
NAME OF PROVIDER OR SUPPLIER **TRANQUILITY HAVEN**	STREET ADDRESS, CITY, STATE, ZIP CODE **3340 PINE ST** **COCOA, FL 32926**	

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

0000 - Initial Comments

A revisit survey for complaint investigation #2017006290 was conducted on 10/10/2017. Tranquility Haven Assisted Living (License# 12299) had no deficiencies at the time of visit.