STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953584	R **03/08/2018**
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 the re-licensure survey with Limited Nursing Services (LNS) was conducted on 03/08/2018. Fountains of Melbourne, License #8624, did not have deficiencies at the time of the visit.