

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953584	(X3) DATE SURVEY COMPLETED R 05/16/2018
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 capacity increase (expansion) survey was conducted on 05/16/2018. Fountains of Melbourne, License #8624, did not have deficiencies at the time of the visit.