

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/13/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953584	(X3) DATE SURVEY COMPLETED 01/15/2019
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

An unannounced monitoring visit related to emergency environmental control planning was conducted on 1/15/19. Fountains of Melbourne ALF (license # 8624) had no deficiencies at the time of the visit.