

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/22/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968650	(X3) DATE SURVEY COMPLETED 05/20/2014
NAME OF PROVIDER OR SUPPLIER Enclave Assisted Living II	STREET ADDRESS, CITY, STATE, ZIP CODE 2518 Bernice Court Melbourne, FL 32935	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

5/20/2014 Initial Assisted Living Facility licensure survey was conducted. Enclave Assisted Living II had no deficiencies found during the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 22, 2014

Administrator
Enclave Assisted Living II
2518 Bernice Court
Melbourne, FL 32935

RE: Initial licensure

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on May 20, 2014 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

