

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/25/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968650	(X3) DATE SURVEY COMPLETED 08/19/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A complaint investigation (CCR#2016005987) was conducted on 8/19/2016 at Enclave Assisted Living II, Melbourne 32935, License# 12514. There were no deficiencies found at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 25, 2016

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

RE: CCR #2016005987

Dear Administrator:

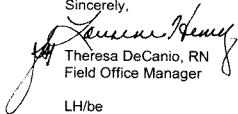
This letter reports the findings of a complaint survey completed on August 19, 2016 by representative(s) of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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 contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

BJK1

