

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964863	(X3) DATE SURVEY COMPLETED R 03/02/2017
NAME OF PROVIDER OR SUPPLIER HIBISCUS COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 540 EAST HIBISCUS BLVD. MELBOURNE, FL 32901	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A follow-up to a complaint investigation (CCR #201613721) was conducted at Hibiscus Court (license #9309) on 03/02/2017. No deficient practice was identified at the time of the investigation.		