

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968835	(X3) DATE SURVEY COMPLETED R 04/10/2017
NAME OF PROVIDER OR SUPPLIER PINEWOOD ESTATES ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4055 PINEWOOD RD MELBOURNE, FL 32934	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

4/10/17 desk review completed to Extended Congregate Care and Limited Nursing Services Monitoring. Pinewood Estates Assisted Living had no deficiencies at the time of the survey review .