

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967623	(X3) DATE SURVEY COMPLETED R 06/06/2017
NAME OF PROVIDER OR SUPPLIER MAGNOLIA HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 103 YACHT HAVEN DRIVE COCOA BEACH, FL 32931	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to the re-licensure survey with Extended Congregate Care was conducted on 6/6/17. Magnolia House ALF, license #1160, had no deficiencies at the time of the visit.		