STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967569	**06/06/2017**
NAME OF PROVIDER OR SUPPLIER **ADDINGTON PLACE OF TITUSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **497 N WASHINGTON AVE** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

An initial Extended Congregate Care (ECC) survey was conducted on June 6, 2017. Addington Place of Titusville, license #11575, had no deficiencies at the time of the survey.