STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964343	**01/12/2017**
NAME OF PROVIDER OR SUPPLIER **SOLARIS SENIOR LIVING AT MERRITT ISLAND**	STREET ADDRESS, CITY, STATE, ZIP CODE **535 CROCKETT BLVD.** **MERRITT ISLAND, FL 32953**	

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

0000 - Initial Comments

A complaint investigation #2016012597 was conducted at Solaris Senior Living license #8975 on 01/12/2017. The resident named in the allegation was not found.