STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966236	**06/05/2017**
NAME OF PROVIDER OR SUPPLIER **PELICAN GARDEN, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **177 EMPRESS AVE** **SEBASTIAN, FL 32958**	

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

0000 - Initial Comments

An unannounced Assisted Living Facility (ALF) Extended Congregate Care (ECC) Monitoring survey was conducted on June 5, 2017 at Pelican Garden, LLC, License #10510. The facility had no deficiencies at the time of the visit.