

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968653	(X3) DATE SURVEY COMPLETED 06/27/2017
NAME OF PROVIDER OR SUPPLIER SOUTHERN LIVING OF TITUSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 2375 JAY JAY RD TITUSVILLE, FL 32796	

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

0000 - Initial Comments

Limited Nursing Services (LNS) and Extended Congregate Care (ECC) monitoring visit were conducted on June 27, 2017. Southern Living of Titusville, License #12517, did not have any deficiencies at the time of the visit.