

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/30/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967466	(X3) DATE SURVEY COMPLETED R 08/17/2017
NAME OF PROVIDER OR SUPPLIER GINNY'S PLACE II, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2251 TURTLEMOUND ROAD MELBOURNE, FL 32934	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

Revisit to complaint investigation 2017002544 was conducted on 8/17/2017. Ginny's Place 2 LLC, license # 11473, had no deficiencies at the time of the visit.