

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/27/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967569	(X3) DATE SURVEY COMPLETED R 08/23/2017
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

A revisit to a complaint investigation (2017003007) was conducted on August 23, 2017. Addington Place of Titusville, license #11575, had no deficiencies at the time of the revisit.