

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/24/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967845	(X3) DATE SURVEY COMPLETED R 10/10/2017
NAME OF PROVIDER OR SUPPLIER TRANQUILITY HAVEN, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1346 WILDERNESS LANE TITUSVILLE, FL 32796	

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

0000 - Initial Comments

A revisit survey to complaint investigation #2017005014 was conducted on 10/10/2017. Tranquility Haven LLC. (License# 11805) had no deficiencies at the time of the visit.