STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969009	**10/23/2017**
NAME OF PROVIDER OR SUPPLIER **PELICAN LANDING ASSISTED LIVING AND MEMORY CARE**	STREET ADDRESS, CITY, STATE, ZIP CODE **13085 US HWY 1** **SEBASTIAN, FL 32958**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring Visit was conducted on 10/23/17 at Pelican Landing Assisted Living and Memory Care, license #12820. The facility had no deficiencies identified at the time of the survey.