

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966084	(X3) DATE SURVEY COMPLETED 11/01/2017
NAME OF PROVIDER OR SUPPLIER TITUSVILLE TOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 405 INDIAN RIVER AVENUE TITUSVILLE, FL 32796	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A monitoring visit for Extended Congregate Care (ECC) was conducted on November 1, 2017. Titusville Towers, license #10346, had no deficiencies at the time of the visit.		