

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/02/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966236	(X3) DATE SURVEY COMPLETED 12/19/2017
NAME OF PROVIDER OR SUPPLIER PELICAN GARDEN, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 177 EMPRESS AVE SEBASTIAN, FL 32958	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments On 12/19/17, an Extended Congregate Care Monitoring Survey was conducted at Pelican Garden LLC, license number 10510. The facility had no deficiencies identified during the survey.		