

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968227	(X3) DATE SURVEY COMPLETED 01/17/2018
NAME OF PROVIDER OR SUPPLIER PLATINUM OAKS ASSISTED LIVING FACILITY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3610 MANASSAS AVE MELBOURNE, FL 32934	

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

0000 - Initial Comments

An abbreviated re-licensure Survey was conducted on 1/17/2018. Platinum Oaks Assisted Living Facility LLC. (License #12134) had no deficiencies at the time of the visit.