

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966236	(X3) DATE SURVEY COMPLETED R 01/10/2018
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 01/10/18, a Desk Review Complaint Revisit, CCR #2017009942, was conducted for Pelican Garden LLC, license #10510. Deficient practice was not identified during the Desk Review Revisit.