

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/31/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967440	(X3) DATE SURVEY COMPLETED R 01/05/2018
NAME OF PROVIDER OR SUPPLIER BANANA RIVER VILLAS	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 N BANANA RIVER DRIVE, UNIT 5 MERRITT ISLAND, FL 32952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 1/5/18 desk review completed to Relicensure survey. Banana River Villas, license # 111441, had no deficiencies at the time of the review.		