

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 02/12/2018  
FORM APPROVED

|                                                              |                                                                                                        |                                                                     |
|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11966084</b>                            | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>01/25/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>TITUSVILLE TOWERS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>405 INDIAN RIVER AVENUE</b><br><b>TITUSVILLE, FL 32796</b> |                                                                     |

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

**0000 - Initial Comments**

A revisit to Complaint Investigation #2017011119 was conducted on January 25, 2018. Titusville Towers, license #10346, had no deficiencies at the time of the revisit.