

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966084	(X3) DATE SURVEY COMPLETED 02/20/2018
NAME OF PROVIDER OR SUPPLIER TITUSVILLE TOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 405 INDIAN RIVER AVENUE TITUSVILLE, FL 32796	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted on February 20, 2018. Titusville Towers, license #10346, had no deficiencies at the time of the visit.