STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968650	R **02/28/2018**
NAME OF PROVIDER OR SUPPLIER **ENCLAVE ASSISTED LIVING II**	STREET ADDRESS, CITY, STATE, ZIP CODE **2518 BERNICE COURT** **MELBOURNE, FL 32935**	

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

0000 - Initial Comments

A Revisit to a Complaint Investigation was conducted on 2/28/2018. Enclave Assisted Living II (License #12514) had no deficiencies at the time of the visit.