

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968650	(X3) DATE SURVEY COMPLETED 03/06/2018
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 complaint investigation #2017015456 was conducted on 03/06/2018. Enclave Assisted Living II, license #12514, had no deficiencies at the time of the visit.		