

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/12/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969009	(X3) DATE SURVEY COMPLETED 03/27/2018
NAME OF PROVIDER OR SUPPLIER PELICAN LANDING ASSISTED LIVING AND MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 13085 US HWY 1 SEBASTIAN, FL 32958	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2018000379, was conducted on March 27, 2018 at Pelican Landing Assisted Living and Memory Care, License #12820. The facility had no deficiencies at the time of the investigation.