

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968590	(X3) DATE SURVEY COMPLETED R 04/18/2018
NAME OF PROVIDER OR SUPPLIER GLENVILLE PINES II ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1491 SAN FILIPPO DR SE PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A second Revisit to a Biennial Relicensure survey was conducted on April 18, 2018. The previously cited deficiency was cleared as of 4/18/18. Glenville Pines 2 Assisted Living Facility, License #12461, did not have any deficiencies at the time of the revisit.		