STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967847	R **04/23/2018**
NAME OF PROVIDER OR SUPPLIER **WILSON PLACE**	STREET ADDRESS, CITY, STATE, ZIP CODE **117 WILSON AVE** **COCOA BEACH, FL 32931**	

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

0000 - Initial Comments

4/23/18 desk review conducted to relicensure survey. Wilson Place, license #11786, had no deficiencies at the time of the review.