

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 05/01/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967623	(X3) DATE SURVEY COMPLETED R 04/25/2018
NAME OF PROVIDER OR SUPPLIER MAGNOLIA HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 103 YACHT HAVEN DRIVE COCOA BEACH, FL 32931	

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

0000 - Initial Comments

4/25/18 desk review conducted to Extended Congregate Care Monitoring visit. Magnolia House, license # 11610, had no deficiencies at the time of the review.