

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/01/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11911232	(X3) DATE SURVEY COMPLETED R 04/25/2018
NAME OF PROVIDER OR SUPPLIER COURTENAY OAKS	STREET ADDRESS, CITY, STATE, ZIP CODE 1100 SOUTH COURTENAY PARKWAY MERRITT ISLAND, FL 32952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 4/25/18 desk review completed to Relicensure survey. Courtenay Oaks, license # 7476, had no deficiencies at the time of the review.		