STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967294	**05/02/2018**
NAME OF PROVIDER OR SUPPLIER **MELBA COVE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **267 MELBA AVENUE NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

The re-licensure survey with Limited Mental Health (LMH) was conducted on 05/02/2018. Melba Cove LLC, license #11340, had no deficiencies related to the re-licensure survey at the time of the visit.