

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/25/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969117	(X3) DATE SURVEY COMPLETED R 05/16/2018
NAME OF PROVIDER OR SUPPLIER MARKET STREET VIERA	STREET ADDRESS, CITY, STATE, ZIP CODE 6845 MURRELL RD MELBOURNE, FL 32940	

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

0000 - Initial Comments

A second revisit to the complaint investigation #2017012748 was conducted on 05/16/2018. Market Street Viera, License#12935, did not have deficiencies at the time of the visit.