STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966084	**06/04/2018**
NAME OF PROVIDER OR SUPPLIER **TITUSVILLE TOWERS**	STREET ADDRESS, CITY, STATE, ZIP CODE **405 INDIAN RIVER AVENUE** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

A Complaint #2018003306 investigation was conducted on 6/4/2018. Titusville Towers Assisted Living Facility with Extended Congregate Care (ECC), License #10346 had no deficiencies at the time of the visit.