

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 07/03/2018  
FORM APPROVED

|                                                                           |                                                                                                       |                                                                     |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                 | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11968235</b>                           | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>06/20/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>DISCOVERY VILLAGE AT MELBOURNE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3260 N HARBOR CITY BLVD</b><br><b>MELBOURNE, FL 32935</b> |                                                                     |

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

**0000 - Initial Comments**

A revisit to the complaint investigation#2017007244 was conducted on 6/20/2018. Discovery Village at Melbourne, License#12122, did not have deficiencies at the time of the visit.