

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968590	(X3) DATE SURVEY COMPLETED R 07/09/2018
NAME OF PROVIDER OR SUPPLIER GLENVILLE PINES II ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 1491 SAN FILIPPO DR SE PALM BAY, FL 32909	

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

0000 - Initial Comments

7/9/18 desk review completed to Change of Ownership with Limited Nursing Services. Glenville Pines II ALF, LLC, license #12461, had no deficiencies at the time of the review.