

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/19/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969009	(X3) DATE SURVEY COMPLETED R 06/26/2018
NAME OF PROVIDER OR SUPPLIER PELICAN LANDING ASSISTED LIVING AND MEMORY CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 13085 US HWY 1 SEBASTIAN, FL 32958	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A relicensure revisit survey with Limited Nursing Services (LNS) was conducted as a desk review on 06/26/18 at Pelican Landing Assisted Living and Memory Care, License #12820 . The facility corrected all outstanding deficiencies at the time of the visit.		