

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967294	(X3) DATE SURVEY COMPLETED R 07/02/2018
NAME OF PROVIDER OR SUPPLIER MELBA COVE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 267 MELBA AVENUE NW PALM BAY, FL 32907	

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

0000 - Initial Comments

A revisit to complaint investigation #2018004710 was conducted on 07/02/2018. Melba Cove LLC, license #11340, had no deficiencies at the time of the investigation.