| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11968653** | R<br>**07/02/2018** |
| NAME OF PROVIDER OR SUPPLIER<br>**SOUTHERN LIVING OF TITUSVILLE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2375 JAY JAY RD**<br>**TITUSVILLE, FL 32796** | |

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

**0000 - Initial Comments**

7/2/18 desk review conducted to Relicensure survey with Extended Congregate Care and Limited Nursing Services. Southern Living of Titusville, license # 12517, had no deficiencies at the time of the review.