STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11963814	R **08/28/2018**
NAME OF PROVIDER OR SUPPLIER **BV ASSISTED LIVING INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **2127 W. NEW HAVEN AVENUE** **WEST MELBOURNE, FL 32904**	

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

0000 - Initial Comments

A revisit to Complaint Investigation #2018005228 was conducted on 8/28/18. BV Assisted Living Facility, License #8693 had no deficiencies at the time of the visit.