AGENCY FOR HEALTH CARE ADMINISTRATION

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967956	**10/22/2018**
NAME OF PROVIDER OR SUPPLIER **GINNY'S PLACE OF SUNTREE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **730 WHISPERING PINES CIRCLE** **MELBOURNE, FL 32940**	

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

0000 - Initial Comments

The re-licensure survey was conducted on 10/22/2018. Ginny's Place of Suntree, LLC. Assisted Living (License #11912) had no deficiencies at the time of the visit.