

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/30/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967623	(X3) DATE SURVEY COMPLETED R 10/31/2018
NAME OF PROVIDER OR SUPPLIER MAGNOLIA HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 103 YACHT HAVEN DRIVE COCOA BEACH, FL 32931	

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

0000 - Initial Comments

A revisit to a monitoring visit was conducted on October 31, 2018. Magnolia House Assisted Living Facility, license #11610, did not have deficiencies at the time of the visit.