

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/04/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963814	(X3) DATE SURVEY COMPLETED R 11/06/2018
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 the generator monitoring visit was conducted on 11/05/18 and 11/06/2018. BV Assisted Living, license #8693, had no deficiencies at the time of the visit.