STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967254	R **08/27/2018**
NAME OF PROVIDER OR SUPPLIER **ARK CENTER OF BREVARD**	STREET ADDRESS, CITY, STATE, ZIP CODE **1574 MANZANITA STREET** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

A second revisit to the biennial licensure survey with Limited Nursing Service (LNS) was conducted on August 27, 2018. Ark Center of Brevard, license #11359, did not have deficiencies at the time of the visit.