

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 12/07/2018  
FORM APPROVED

|                                                                  |                                                                                                    |                                                                     |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                        | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11967254</b>                        | (X3) DATE SURVEY COMPLETED<br><br><b>R</b><br><br><b>11/20/2018</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ARK CENTER OF BREVARD</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1574 MANZANITA STREET</b><br><b>PALM BAY, FL 32907</b> |                                                                     |

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

**0000 - Initial Comments**

A revisit to a generator monitor survey was conducted on 11/20/2018. Ark Center of Brevard, license #11359, had no deficiencies at the time of the visit.