

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967977	(X3) DATE SURVEY COMPLETED R 12/18/2018
NAME OF PROVIDER OR SUPPLIER GENERATIONS ON THE BEACH	STREET ADDRESS, CITY, STATE, ZIP CODE 427 ORIOLE LANE INDIALANTIC, FL 32903	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 12/18/2018. Generations on the Beach, license #11930, had no deficiencies at the time of the visit.