

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967847	(X3) DATE SURVEY COMPLETED 12/12/2018
NAME OF PROVIDER OR SUPPLIER WILSON PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 117 WILSON AVE COCOA BEACH, FL 32931	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control planning was conducted on 12/12/18. Wilson Place (license #11786) had no deficiencies at the time of the visit.