

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 01/09/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966084	(X3) DATE SURVEY COMPLETED 12/17/2018
NAME OF PROVIDER OR SUPPLIER TITUSVILLE TOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 405 INDIAN RIVER AVENUE TITUSVILLE, FL 32796	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted on December 17, 2018. Titusville Towers, license #10346, did not have a deficiency at the time of the visit.