

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/05/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967466	(X3) DATE SURVEY COMPLETED R 12/31/2018
NAME OF PROVIDER OR SUPPLIER GINNY'S PLACE II, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2251 TURTLEMOUND ROAD MELBOURNE, FL 32934	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments 12/31/18 desk review conducted to Relicensure survey. Ginny's Place II, LLC, license # 11473, had no deficiencies at the time of the review.		