STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969475	**01/31/2019**
NAME OF PROVIDER OR SUPPLIER **MARTHA'S HOUSE & ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **3831 FUNSTON CIRCLE** **MELBOURNE, FL 32940**	

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

0000 - Initial Comments

An initial licensure survey was conducted on 01/31/2019. Martha's House and Assisted Living had no deficiencies at the time of the visit.