STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968390	R **02/06/2019**
NAME OF PROVIDER OR SUPPLIER **MERLOX HAVEN LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3151 GRANADA BLVD** **KISSIMMEE, FL 34746**	

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

0000 - Initial Comments

A second revisit to the re-licensure survey with Limited Nursing Services (LNS) was conducted on 02/06/2019. Merlox Haven license # #12291 had no deficiencies found at the time of the visit.