

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968755	(X3) DATE SURVEY COMPLETED R 01/29/2019
NAME OF PROVIDER OR SUPPLIER DAHLIA'S HOUSE OF LOVE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3081 ELDRON BLVD NE PALM BAY, FL 32909	

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

0000 - Initial Comments

A revisit to a re-licensure survey was conducted on 1/29/2019. Dahlia's House of Love LLC. Assisted Living Facility (License #12619) had no deficiencies at the time of the visit.