

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11964863	(X3) DATE SURVEY COMPLETED R 01/30/2019
NAME OF PROVIDER OR SUPPLIER HIBISCUS COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 540 EAST HIBISCUS BLVD. MELBOURNE, FL 32901	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 1/30/19. Hibiscus Court Assisted Living Facility, License #9309 had no deficiencies at the time of the visit.