STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968653	R **01/08/2019**
NAME OF PROVIDER OR SUPPLIER **SOUTHERN LIVING OF TITUSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2375 JAY JAY RD** **TITUSVILLE, FL 32796**	

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

0000 - Initial Comments

1/8/19 desk review conducted to Extended Congregate Care and Limited Nursing Services monitoring. Southern Living of Titusville, license # 12517, had no deficiencies at the time of the review.