

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/22/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968835	(X3) DATE SURVEY COMPLETED 03/04/2019
NAME OF PROVIDER OR SUPPLIER PINEWOOD ESTATES ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 4055 PINEWOOD RD MELBOURNE, FL 32934	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A post closure monitoring visit was conducted on March 4, 2019. A concern was identified regarding possible unlicensed activity. See surveyor notes from the visit.		