STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967569	R **03/13/2019**
NAME OF PROVIDER OR SUPPLIER **ADDINGTON PLACE OF TITUSVILLE**	STREET ADDRESS, CITY, STATE, ZIP CODE **497 N WASHINGTON AVE** **TITUSVILLE, FL 32796**	

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 3/13/2019. Addington Place of Titusville Assisted Living Facility with Extended Congregate Care (ECC); License #11575 had no deficiencies at the time of the visit.