

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 03/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967623	(X3) DATE SURVEY COMPLETED R 03/13/2019
NAME OF PROVIDER OR SUPPLIER MAGNOLIA HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 103 YACHT HAVEN DRIVE COCOA BEACH, FL 32931	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		

0000 - Initial Comments

A revisit to an Extended Congregate Care (ECC) monitoring was conducted on 3/13/2019. Magnolia House Assisted Living Facility (License #11610) had no deficiencies at the time of the visit.

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