

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968748	(X3) DATE SURVEY COMPLETED R 03/13/2019
NAME OF PROVIDER OR SUPPLIER PINEAPPLE GARDEN, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1504 FISKE BLVD ROCKLEDGE, FL 32955	

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

0000 - Initial Comments

An unannounced monitoring re-visit related to emergency environmental control planning was conducted at Pineapple Garden (license # 12582) on March 21, 2019. Pineapple Garden, Inc. had no deficiencies at the time of the visit.