

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/29/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968227	(X3) DATE SURVEY COMPLETED R 03/20/2019
NAME OF PROVIDER OR SUPPLIER PLATINUM OAKS ASSISTED LIVING FACILITY LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3610 MANASSAS AVE MELBOURNE, FL 32934	

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

0000 - Initial Comments

An unannounced monitoring re-visit for emergency environmental control planning was conducted at Platinum Oaks ALF (license # 12134) on March 20, 2019. Platinum Oaks ALF had no deficiencies at the time of the visit.