

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/02/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11963814	(X3) DATE SURVEY COMPLETED R 03/12/2019
NAME OF PROVIDER OR SUPPLIER BV ASSISTED LIVING INC.	STREET ADDRESS, CITY, STATE, ZIP CODE 2127 W. NEW HAVEN AVENUE WEST MELBOURNE, FL 32904	

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

0000 - Initial Comments

A desk review to the re-licensure survey was conducted on 3/12/19. BV Assisted Living Inc. had no deficiencies at the time of the desk review.