

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967440	(X3) DATE SURVEY COMPLETED 04/18/2019
NAME OF PROVIDER OR SUPPLIER BANANA RIVER VILLAS	STREET ADDRESS, CITY, STATE, ZIP CODE 1275 N BANANA RIVER DRIVE, UNIT 5 MERRITT ISLAND, FL 32952	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control planning was conducted at Banana River Villas ALF (11967440) on April 18, 2019. No deficient practices were found at the time of the visit.