

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966084	(X3) DATE SURVEY COMPLETED R 05/13/2019
NAME OF PROVIDER OR SUPPLIER TITUSVILLE TOWERS	STREET ADDRESS, CITY, STATE, ZIP CODE 405 INDIAN RIVER AVENUE TITUSVILLE, FL 32796	

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

0000 - Initial Comments

A desk review to an Extended Congregate Care (ECC) monitoring visit was conducted at Titusville Towers Assisted Living Facility on 5/13, 2019. Deficiency was corrected.