

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967623	(X3) DATE SURVEY COMPLETED R 06/14/2019
NAME OF PROVIDER OR SUPPLIER MAGNOLIA HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 103 YACHT HAVEN DRIVE COCOA BEACH, FL 32931	

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

0000 - Initial Comments

A second revisit to a biennial survey was conducted at Magnolia House Assisted Living Facility , LLC. with Extended Congregate Care (ECC) on 6/14/2019. Deficiencies were found to be corrected at the time of the survey.