

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/26/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967294	(X3) DATE SURVEY COMPLETED 06/07/2019
NAME OF PROVIDER OR SUPPLIER MELBA COVE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 267 MELBA AVENUE NW PALM BAY, FL 32907	

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 Melba Cove LLC assisted living (11967294) on June 7, 2019. No deficient practices were found at the time of the visit.