

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/06/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968443	(X3) DATE SURVEY COMPLETED R 08/21/2019
NAME OF PROVIDER OR SUPPLIER LIVING SOUTHERN STYLE OF BREVARD LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 821 GEORGIA AVE ROCKLEDGE, FL 32955	

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

0000 - Initial Comments

A desk review for the re-licensure/license renewal survey for Living Southern Style of Brevard was conducted on 08/21/2019. There were no deficiencies identified.