STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967383	**08/29/2019**
NAME OF PROVIDER OR SUPPLIER **TROPICAL LIVING CLUB 2**	STREET ADDRESS, CITY, STATE, ZIP CODE **320 FORTENBERRY ROAD** **MERRITT ISLAND, FL 32952**	

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

0000 - Initial Comments

A generator monitoring was conducted at Tropical Living Club 2 Assisted Living Facility on 8/29/2019.
The facility had no deficiencies at the time of the visit.