

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/11/2019
NAME OF PROVIDER OR SUPPLIER LIVING SOUTHERN STYLE OF BREVARD L			STREET ADDRESS, CITY, STATE, ZIP CODE 1721 ROCKLEDGE DRIVE ROCKLEDGE, FL 32955		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 000	Initial Comments An attempt to conduct complaint investigation #2019003530, in conjunction with a relicensure survey with Limited Mental Health, was made at Living Southern Style of Brevard, 821 Georgia Avenue, Rockledge, FL 32955 on 04/11/2019. No investigation was conducted due to no one being in the facility or available at the time of the visit.	A 000			

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE