STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969147	**02/28/2017**
NAME OF PROVIDER OR SUPPLIER **LASALLE ASSISTED LIVING ROCKLEDGE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3545 MURRELL RD** **ROCKLEDGE, FL 32955**	

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

0000 - Initial Comments

An Initial Licensure survey was conducted on February 28, 2017. LaSalle Assisted Living Rockledge, LLC had no deficiencies at the time of the survey.