STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967568	R **03/14/2017**
NAME OF PROVIDER OR SUPPLIER **ALF AT OCEAN BREEZE GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **500 LEE AVE** **SATELLITE BEACH, FL 32937**	

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

0000 - Initial Comments

The revisit to relicensure survey was conducted on 3/14/2017. ALF at Ocean Breeze Gardens Assisted Living Facility, (License 11569) had no deficiencies at the time of the visit.