STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967977	R **03/14/2017**
NAME OF PROVIDER OR SUPPLIER **GENERATIONS ON THE BEACH**	STREET ADDRESS, CITY, STATE, ZIP CODE **427 ORIOLE LANE** **INDIALANTIC, FL 32903**	

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

0000 - Initial Comments

The revisit to re-licensure survey was conducted on 3/14/2017. Generations on the Beach Assisted Living Facility, (License# 11930) had no deficiencies at the time of the visit.