STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968443	R **05/02/2017**
NAME OF PROVIDER OR SUPPLIER **LIVING SOUTHERN STYLE OF BREVARD LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **821 GEORGIA AVE** **ROCKLEDGE, FL 32955**	

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

0000 - Initial Comments

5/2/17 desk review to Re-licensure survey with Limited Mental Health completed. Living Southern Style of Brevrd LLC, license #12363, had no deficiencies at the time of the survey review.