

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965167	(X3) DATE SURVEY COMPLETED R 06/06/2017
NAME OF PROVIDER OR SUPPLIER ABOVE THE REST ASSISTED LIVING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 2360 MADRID AVENUE S.E. PALM BAY, FL 32909	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments A revisit to the Limited Nursing Service (LNS) monitoring survey was conducted on 06/06/2017. Above The Rest Assisted Living Facility, License#9646, had no deficiencies pertaining to this survey at the time of the visit. However, a revisit to Relicensure survey with Limited Nursing Services (LNS) and complaint #2017000582 were conducted on this same date with deficiencies cited.		