STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965167	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 re-licensure survey with Limited Nursing Service (LNS) 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 Limited Nursing Services monitoring and complaint #2017000582 were conducted on this same date with deficiencies cited.