

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/04/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965167	(X3) DATE SURVEY COMPLETED R 08/01/2017
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 second revisit to complaint investigation #2017000582 was conducted on 08/01/2017. Above The Rest Assisted Living Facility, License# 9646, had no deficiencies at the time of the visit.