STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969243	**08/15/2017**
NAME OF PROVIDER OR SUPPLIER **SEASIDE VILLA ADULT LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **610 PALM DR** **SATELLITE BEACH, FL 32937**	

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

0000 - Initial Comments

An initial licensure survey was conducted on 08/16/2017. Seaside Villa ALF had no deficiencies at the time of the visit.