STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965167	**08/31/2017**
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 monitoring visit for Limited Nursing Services was conducted on 8/31/2017. Above the Rest Assisted Living Facility license # 9646 had no deficiencies found at the time of the visit.