STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968889	**09/25/2017**
NAME OF PROVIDER OR SUPPLIER **ABIDE N LOVE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2698 HESTER AVE SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

Re-licensure survey was conducted on 9/25/2017. Abide N Love Assisted Living license # 12731 had no deficiencies at the time of the visit.