STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967568	R **01/24/2018**
NAME OF PROVIDER OR SUPPLIER **ALF AT OCEAN BREEZE GARDENS**	STREET ADDRESS, CITY, STATE, ZIP CODE **500 LEE AVE** **SATELLITE BEACH, FL 32937**	

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

0000 - Initial Comments

1/24/18 Desk review conducted to complaint #2017011906. ALF at Ocean Breeze Gardens, License #11569, had no defiicencies pertaining to this complaint at the time of the review.