

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969147	(X3) DATE SURVEY COMPLETED 03/29/2018
NAME OF PROVIDER OR SUPPLIER LASALLE ASSISTED LIVING ROCKLEDGE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3545 MURRELL RD ROCKLEDGE, FL 32955	

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

0000 - Initial Comments

An Extended Congregate Care (ECC) monitoring visit was conducted on March 29, 2018. LaSalle Assisted Living Rockledge LLC, license #12979, did not have deficiencies at the time of the visit.