STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968748	R **02/28/2018**
NAME OF PROVIDER OR SUPPLIER **PINEAPPLE GARDEN, INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1504 FISKE BLVD** **ROCKLEDGE, FL 32955**	

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

0000 - Initial Comments

A revisit was conducted for a re-licensure survey on 2/28/2018. Pineapple Garden Inc. Assisted Living (License #12582) had no deficiencies at the time of the visit.