STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969381	**05/30/2018**
NAME OF PROVIDER OR SUPPLIER **ROME'S PARADISE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **226 ABALONE RD NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

The initial licensure survey with Limited Nursing Services (LNS) and Limited Mental Health (LMH) was conducted on 5/30/2018. Rome's Paradise had no deficiencies at the time of the visit.