STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969398	**07/03/2018**
NAME OF PROVIDER OR SUPPLIER **CARING MANOR LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1863 EDITH ST NE** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

An initial licensure survey was conducted on 07/03/2018. Caring Manor Assisted Living had no deficiencies at the time of the visit.