STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968397	**08/27/2018**
NAME OF PROVIDER OR SUPPLIER **B & V LABELLE VIE ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **193 ELDRON BLVD NE** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

An abbreviated re-licensure survey including Limited Mental Health was conducted on 8/27/18. B & V Labelle Vie Assisted Living Facility, License #12277 had no deficiencies at the time of the visit.