STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969420	**09/18/2018**
NAME OF PROVIDER OR SUPPLIER **SEABREEZE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **365 E RIVIERA BLVD** **INDIALANTIC, FL 32903**	

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

0000 - Initial Comments

An initial licensure survey was conducted on 09/18/18. Seabreeze Assisted Living, LLC had no deficiencies at the time of the visit.