STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969150	R **03/12/2019**
NAME OF PROVIDER OR SUPPLIER **PRESTIGE PLACE ALF**	STREET ADDRESS, CITY, STATE, ZIP CODE **256 BARBAROSSA RD** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

A 2nd revisit to a Complaint Investigation #2018009556 was conducted on 3/12/2019. Prestige Place ALF (License #12968) did not have deficiencies at the time of the visit.