STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969467	**03/28/2019**
NAME OF PROVIDER OR SUPPLIER **WELCOME HOME ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1387 SAN CORTEZ AVE NE** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

An Initial survey was conducted on 3/28/2019. Welcome Home Assisted Living Facility had no deficiencies at the time of the visit.