| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969147** | R<br>**04/10/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**LASALLE ASSISTED LIVING ROCKLEDGE LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3545 MURRELL RD**<br>**ROCKLEDGE, FL 32955** | |

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

**0000 - Initial Comments**

A revisit to the re-licensure survey was conducted on 4/17/2019. LaSalle ALF, Rockledge LIC#12979 had no deficiencies at the time of the visit.