STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969243	**04/11/2019**
NAME OF PROVIDER OR SUPPLIER **SEASIDE VILLA ADULT LIVING FACILITY LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **610 PALM DR** **SATELLITE BEACH, FL 32937**	

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

0000 - Initial Comments

A one (1) bed capacity increase visit was conducted on 4/11/2019. Seaside Villa Adult Living Facility LLC. (License #13057) had no deficiencies at the time of the visit.

Total capacity=6 beds