STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965167	R **05/06/2019**
NAME OF PROVIDER OR SUPPLIER **ABOVE THE REST ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **2360 MADRID AVENUE S.E.** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

A desk review to an unannounced monitoring visit related to emergency environmental control planning was conducted at Above the Rest ALF (license # 9646) on May 2, 2019. Deficient practices were corrected.