STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967773	**06/07/2019**
NAME OF PROVIDER OR SUPPLIER **NO BETTER PLACE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **429 FREEMAN ROAD NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control planning was conducted at No Better Place Inc assisted living (11967773) on June 7, 2019. No deficient practices were found at the time of the visit.