STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968889	R **06/05/2019**
NAME OF PROVIDER OR SUPPLIER **ABIDE N LOVE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2698 HESTER AVE SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

A generator assessment revisit survey was conducted on 6/5/19 at Abide in Love ALF.

All previously cited deficiencies were corrected on the date of the visit.