STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969381	R **08/12/2019**
NAME OF PROVIDER OR SUPPLIER **ROME'S PARADISE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **226 ABALONE RD NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

A second revisit to a Limited Nursing Services (LNS) monitoring was conducted at Rome's Paradise on 8/12/2019. Deficiencies were found to be corrected at the time of the survey.