| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965167** | R<br>**08/22/2019** |
| NAME OF PROVIDER OR SUPPLIER<br>**ABOVE THE REST ASSISTED LIVING FACILITY** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**2360 MADRID AVENUE S.E.**<br>**PALM BAY, FL 32909** | |

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

**0000 - Initial Comments**

A second revisit to the re-licensure survey with Limited Nursing Services was conducted at Above the Rest Assisted Living Facility on 08/22/2019. There were no deficiencies found at the time of the visit.