

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968825	(X3) DATE SURVEY COMPLETED 01/10/2019
NAME OF PROVIDER OR SUPPLIER CRISTAL PALACE RESORT PB LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1881 PALM BAY RD NE PALM BAY, FL 32905	

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

0000 - Initial Comments

A Complaint investigation. #201900012 was conducted on 1/10/19. Cristal Palace Resort PB, LLC. Assisted Living Facility, license #12660 had no deficiencies at the time of the visit pertaining to this complaint.