Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11969945	A. BUILDING: _____ B. WING _____	09/09/2024

NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE
ALL	ASSISTED LIVING FACILITY	1501 OLYMPIA AVE SW PALM BAY, FL 32908

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
CZ871	408.806(7)(d) FS Attempted Inspection (d) If a provider is not available when an inspection is attempted, the application shall be denied. This Statute or Rule is not met as evidenced by: The provider failed to be available when an inspection was attempted. Finding: On . . . his surveyor arrived at the facility at 10:10am. Rang the doorbell twice and waited for a response. Called the facility and voice mail picked up. Unable to leave call information because the mailbox was full. No cars were in the driveway and no lights were seen in the house. Left a business card with call . . . and supervisor information on the door. Unclassified	CZ871		
A 000	Initial Comments Attempted to conduct a survey to add Extended Congregate Care to the standard license. The survey was not conducted due to no answer to the doorbell or phone. No telephone message was left due to voice mail was full. A business card with agency contact information was left on the door.	A 000		

AHCA Form 3020-0001

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE