

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/19/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969075	(X3) DATE SURVEY COMPLETED 10/13/2016
NAME OF PROVIDER OR SUPPLIER BOPPA'S HOME MEMORY CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 875 EMDEN AVE PALM BAY, FL 32907	

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

0000 Initial Comments

An initial licensure with an initial Limited Nursing Services (LNS) survey was conducted on October 13, 2016. Boppa's Home Memory Care, LLC had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

October 19, 2016

Administrator
Boppa's Home Memory Care LLC
875 Emden Ave
Palm Bay, FL 32907

RE: Initial licensure w/initial LNS survey

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on October 13, 2016 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the survey. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,

Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

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