STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968347	R **06/09/2017**
NAME OF PROVIDER OR SUPPLIER **JEROLL CARE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **107 COFFEE ST SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

6/9/17 desk review to Limited Nursing Services (LNS) monitoring. Jeroll Care Assisted Living LLC, license #12239, had no deficiencies at the time of the survey review.