STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968191	**06/07/2017**
NAME OF PROVIDER OR SUPPLIER **BOPPA'S HOME LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **440 CATALINA AVE NW** **MELBOURNE, FL 32907**	

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

0000 - Initial Comments

A Limited Nursing Service (LNS) monitoring visit was conducted on , 2017. Boppa's Home LLC, license #12106 had a deficiency at the time of the visit.

0078 - Staffing Standards - Staff - 58A-5.019(2) FAC

Based on personnel record review and interview the facility failed to ensure that 1 of 4 personnel records (administrator) contained documented evidence of a negative ( ) examination on an annual basis.

Findings:

Personnel record review for the administrator revealed a statement from a health care provider that was dated . The statement indicated that the administrator was free from communicable .

The personnel record did not contain evidence of a negative exam for 2017, as required.

On at 11:10 am, the administrator confirmed the finding and said she would obtain the statement when a health care provider visited the facility.

Class III