STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968191	R **06/28/2017**
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

6/28/17 desk review to Limited Nursing Services Monitoring conducted. Boppa's Home did not have deficiencies at the time of the review.