

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968689	(X3) DATE SURVEY COMPLETED 06/27/2017
NAME OF PROVIDER OR SUPPLIER BOPPA'S HOME 2 LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 163 AVIATION AVE NE PALM BAY, 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 June 27, 2017. Boppa's Home 2 LLC, License #12545, did not have any deficiencies at the time of the visit.