STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968191	**11/02/2017**
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

The re-licensure survey with Limited Nursing Services (LNS) was conducted on 11/02/2017. Boppa's Home LLC license # 12106 had no deficiencies at the time of the visit.