

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/27/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967773	(X3) DATE SURVEY COMPLETED R 03/07/2018
NAME OF PROVIDER OR SUPPLIER NO BETTER PLACE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 429 FREEMAN ROAD NW PALM BAY, FL 32907	

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

0000 - Initial Comments

A revisit to the re-licensure survey was conducted on 03/07/2018. No Better Place, License # 11745, did not have deficiencies at the time of the visit.