

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/11/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967643	(X3) DATE SURVEY COMPLETED 04/05/2018
NAME OF PROVIDER OR SUPPLIER A & J ALF OF FLORIDA INC II	STREET ADDRESS, CITY, STATE, ZIP CODE 2466 RALPH AVENUE SE PALM BAY, FL 32909	

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

0000 - Initial Comments

An abbreviated re-licensure survey was conducted on 04/05/2018. A&J ALF of Florida, Inc. II, license #11643, had no deficiencies on the day of the visit.