

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/14/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968682	(X3) DATE SURVEY COMPLETED 04/20/2018
NAME OF PROVIDER OR SUPPLIER BCJ RETIREMENT HOME, INC. #2	STREET ADDRESS, CITY, STATE, ZIP CODE 5760 NW 40TH TERRACE COCONUT CREEK, FL 33073	

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

0000 - Initial Comments

An unannounced relicensure survey was conducted on 4/20/18 at BCJ Retirement Home, Inc. #2, License #12535. The facility had no deficiencies at the time of the visit.