

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/16/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968347	(X3) DATE SURVEY COMPLETED R 07/09/2018
NAME OF PROVIDER OR SUPPLIER JEROLL CARE ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 107 COFFEE ST SE PALM BAY, FL 32909	

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

0000 - Initial Comments

7/9/18 desk review conducted to Relicensure survey with Limited Nursing Services. Jeroll Care Assisted Living LLC, license #12239, had no deficiencies at the time of the review.