STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967394	**08/27/2018**
NAME OF PROVIDER OR SUPPLIER **BLUE FOUNTAIN HOME CARE, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2440 EMERSON DRIVE SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

The re-licensure survey was conducted on 8/27/2018. Blue Fountain Home Care LLC. Assisted Living (License# 11411) had no deficiencies at the time of the visit.