STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968530	**12/17/2018**
NAME OF PROVIDER OR SUPPLIER **A & J ALF OF FLORIDA INC, II**	STREET ADDRESS, CITY, STATE, ZIP CODE **808 GILLEN AVE NW** **PALM BAY, FL 32907**	

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

0000 - Initial Comments

A re-licensure survey was conducted on . A & J ALF of Florida Inc. II Assisted Living (License #12391) had a deficiency at the time of the visit.

0010 - Admissions - Continued Residency - 429.26(1&9) FS; 58A-5.0181(4) FAC

Based on resident record review and interview, the facility failed to obtain a new AHCA form 1823 Health Assessment for 1 of 2 sampled residents (#2) after a significant change occurred for the continued residency criteria as required.

Findings:

Resident #2 record review revealed date of admission into the facility on . On , a significant change occurred and resident #2 was admitted on Hospice care. Further review revealed that there was no documented evidence of a new 1823 Health Assessment for the significant change. Last 1823 Health Assessment dated . (Photographic evidence obtained).

On at 1 PM, an interview with the Administrator who confirmed the finding.

Class III