

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/22/2019
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967643	(X3) DATE SURVEY COMPLETED 01/09/2019
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 unannounced monitoring visit related to emergency environmental control plan was conducted on 1/9/19. A & J ALF of Florida, Inc., had no deficiencies at the time of the visit.