

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/08/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968530	(X3) DATE SURVEY COMPLETED R 01/16/2019
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

1/16/19 desk review conducted to relicensure survey. A & J ALF of Florida Inc., II, license #12391, had no deficiencies at the time of the review.