

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/03/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968191	(X3) DATE SURVEY COMPLETED 04/17/2019
NAME OF PROVIDER OR SUPPLIER BOPPA'S HOME LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 440 CATALINA AVE NW MELBOURNE, FL 32907	

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

0000 - Initial Comments

An unannounced monitoring visit related to emergency environmental control planning was conducted at Boppa's Home ALF (11968191) on April 18, 2019. No deficient practices were found at the time of the visit.