

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/11/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967480	(X3) DATE SURVEY COMPLETED R 05/15/2019
NAME OF PROVIDER OR SUPPLIER A PLACE LIKE HOME ALF, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1971 PORT MALABAR BLVD PALM BAY, FL 32905	

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

0000 - Initial Comments

A third revisit to a Complaint Investigation (2018012122) was conducted at A Place Like Home on May 15, 2019. Deficiencies were found to be corrected at the time of the survey.