STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968347	R **08/12/2019**
NAME OF PROVIDER OR SUPPLIER **JEROLL CARE ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **107 COFFEE ST SE** **PALM BAY, FL 32909**	

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

0000 - Initial Comments

A revisit to a generator monitoring was conducted at Jeroll Care Assisted Living LLC . with Limited Nursing Services (LNS) on 8/12/2019. Deficiencies were found to be corrected at the time of the survey.