

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/10/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969167	(X3) DATE SURVEY COMPLETED 04/05/2017
NAME OF PROVIDER OR SUPPLIER BLUE FOUNTAIN II HOME CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1310 SEQUOIA RD NW PALM BAY, FL 32907	

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

0000 - Initial Comments

An initial licensure survey was conducted on 4/5/2017. Blue Fountain II Home Care, LLC. had no deficiencies at the time of the visit.