

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/21/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964730	(X3) DATE SURVEY COMPLETED 10/09/2013
NAME OF PROVIDER OR SUPPLIER Bay Pointe Terrace	STREET ADDRESS, CITY, STATE, ZIP CODE 1200 Arthur Street Hollywood, FL 33019	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility unannounced complaint inspection survey (CCR #2013004456) was conducted on 10/09/2013. Bay Pointe Terrace had no licensure deficiencies found at the time of the visit.

Note: The revisit to the Change of Ownership (CHOW) licensure survey was conducted in conjunction with the complaint inspection. Please refer to the separate report.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2013

Administrator
Bay Pointe Terrace
1200 Arthur Street
Hollywood, FL 33019

Re: CCR #2013005635

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 9, 2013 by a representative from this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

The *Quality Assurance Questionnaire* has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under **Health Facilities and Providers** on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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