

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/24/2013

FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965032	(X3) DATE SURVEY COMPLETED 10/18/2013
NAME OF PROVIDER OR SUPPLIER Pavilion At Bayview (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 161 B Marine Street Saint Augustine, FL 32084	
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

A complaint survey (CCR# 2013007896) was conducted at The Pavilion at Bayview on October 18, 2013.
Deficiencies were not identified.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 1, 2013

Administrator
The Pavilion at Bayview
161 B Marine Street
Saint Augustine, FL 32084

Re: CCR #2013007896

Dear Administrator:

This letter reports the findings of a complaint survey completed on October 18, 2013 by a representative of 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.

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 surveyor. Should you have any questions, please contact this office at (904) 798-4201.

Sincerely,

for Keisha Woods, MPH
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LL/KW/sm
Enclosure

