STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967791	01/21/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A Banyan Residence	100 Base Ave East Venice, FL 34285	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0007-Admissions - Criteria-01/21/2014
0025-Resident Care - Supervision-01/21/2014
0032-Resident Care - Elopement Standards-01/21/2014
0052-Medication - Assistance With Self-Admin-01/21/2014

On 1/21/14 a follow-up to Complaint Survey, CCR# 2013012707 which was completed at A Banyan Residence an Assisted Living Facility (ALF).

All previously cited deficiencies were found to be corrected. At the time of the survey no deficiencies were identified.

0007-Admissions - Criteria 58A-5.0181(1) FAC

0025-Resident Care - Supervision 58A-5.0182(1) FAC

0032-Resident Care - Elopement Standards 58A-5.0182(8) FAC

0052-Medication - Assistance with Self-Admin 58A-5.0185(3) FAC

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 27, 2014

Administrator
A Banyan Residence
100 Base Ave East
Venice, FL 34285

Dear Administrator:

This letter reports the findings of a Complaint survey revisit conducted on January 21, 2014 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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 call this office at (239) 335-1315.

Sincerely,

Harold D. Williams
Field Office Manager

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Enclosure: State Form

Headquarters
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Tallahassee, FL 32308
http://ahca.myflorida.com

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Fort Myers, FL 33901
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