

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/15/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11910699	(X3) DATE SURVEY COMPLETED 04/10/2014
NAME OF PROVIDER OR SUPPLIER Willow Bay Senior Resort	STREET ADDRESS, CITY, STATE, ZIP CODE 4001 West Hillsboro Blvd. Deerfield Beach, FL 33442	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

Two unannounced complaint surveys, CCR#2014003411 and CCR#2013012443, were conducted on 4/09/14 and 4/10/14 at Willow Bay Senior Resort. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 16, 2014

Administrator
Willow Bay Senior Resort
4001 West Hillsboro Blvd.
Deerfield Beach, FL 33442

Re: CCR #2013012443 and #2014003411

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 9 - 10, 2014 by representatives 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 representatives. 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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