

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11963788	(X3) DATE SURVEY COMPLETED 04/24/2014
NAME OF PROVIDER OR SUPPLIER Balmy Beach Retirement Home	STREET ADDRESS, CITY, STATE, ZIP CODE 1030 Balmy Beach Drive Apopka, FL 32703	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Complaint inspection #2014000871 in conjunction with the Change of Ownership Survey including Extended Congregate Care was conducted on 4/25/14. Balmy Beach Retirement Home Assisted Living Facility had no deficiencies found at the time of the visit pertaining to the complaint inspection.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 29, 2014

Administrator
Balmy Beach Retirement Home
1030 Balmy Beach Drive
Apopka, FL 32703

Re: CCR #2014000871

Dear Administrator:

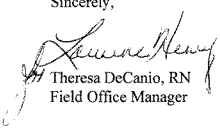
This letter reports the findings of a complaint survey completed on April 24, 2014 by representative(s) of this office.

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(s). Should you have any questions, please contact Lorraine Henry at (407) 420-2502.

Sincerely,



Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

