

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968682	(X3) DATE SURVEY COMPLETED 06/30/2014
NAME OF PROVIDER OR SUPPLIER Bcj Retirement Home, Inc. #2	STREET ADDRESS, CITY, STATE, ZIP CODE 5760 Nw 40th Terrace Coconut Creek, FL 33073	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An initial Assisted Living Facility licensure survey for a capacity of 5 residents was conducted on 06/30/14 at BCJ Retirement Home, Inc #2. The facility had no licensure deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 15, 2014

Administrator
Bcj Retirement Home, Inc. #2
5760 NW 40th Terrace
Coconut Creek, FL 33073

Dear Administrator:

This letter reports the findings of an Initial Licensure Survey conducted on June 30, 2014 by a representative from this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no discernible deficiencies noted on the date of the 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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