

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967791	(X3) DATE SURVEY COMPLETED 09/09/2014
NAME OF PROVIDER OR SUPPLIER A Banyan Residence	STREET ADDRESS, CITY, STATE, ZIP CODE 100 Base Ave East Venice, FL 34285	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

This is the off year monitoring visit report for A Banyan Residence, an Assisted Living Facility (ALF) located in Venice, Florida. The monitoring visit was performed on 9/9/14.

There were no deficiencies cited during the monitoring visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 22, 2014

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

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 9, 2014 by representatives of 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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

A handwritten signature in black ink, appearing to read "Harold D. Williams".

Harold D. Williams
Field Office Manager

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Enclosure: State Form

