STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966990	**09/23/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Braybrook At Bayonet Point	**7532 State Road 52 Bayonet Point, FL 34667**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

Assisted Living Facility

A complaint survey, CCR# 2014007811, was conducted in conjunction with a change of ownership (CHOW) state licensure survey on 09/23/14.

Braybrook at Bayonet Point, assisted living facility, had no deficiencies relative to the complaint survey. A deficiency was cited relative to the change of ownership (CHOW) survey.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 7, 2014

Administrator
Braybrook at Bayonet Point
7532 State Road 52
Bayonet Point, FL 34667

RE: CCR# 2014007811 & CHOW survey

Dear Administrator:

This letter reports the findings of a complaint survey and a change of ownership (CHOW) state licensure survey that were conducted on September 23, 2014, by representative(s) of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review to verify that the necessary corrections are in place to correct the deficiencies identified on your 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 call **Paul Brown**, HFES, at 727-552-2000.

Sincerely,

Patricia Reid Caufman
For Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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