STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966560	11/25/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Bayamo Assisted Living Facility, Inc	**1199 Sw Bayamo Avenue Port Saint Lucie, FL 34953**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted on November 25, 2014. Bayamo Assisted Living Facility, Inc. had no deficiencies found at the time of the visit.

0054-Medication - Records 58A-5.0185(5) FAC

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 5, 2014

Administrator
Bayamo Assisted Living Facility, Inc
1199 SW Bayamo Avenue
Port Saint Lucie, FL 34953

Dear Administrator:

This letter reports the findings of a State Relicensure Revisit Survey conducted on November 25, 2014 by a representative from this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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,

for Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

DT9D

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