

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11965874	(X3) DATE SURVEY COMPLETED 12/30/2014
NAME OF PROVIDER OR SUPPLIER Mangrove Bay	STREET ADDRESS, CITY, STATE, ZIP CODE 120 Mangrove Bay Way Jupiter, FL 33477	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced Relicensure survey was conducted on December 29-30, 2014 at Mangrove Bay. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 12, 2014

Administrator
Mangrove Bay
120 Mangrove Bay Way
Jupiter, FL 33477

RE: Relicensure Survey

Dear Administrator:

This letter reports findings of a state Relicensure survey that was conducted on December 29, 2014 through December 30, 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 representatives. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

[Signature]
for Arlene Mayo Davis
Field Office Manager

AMD
Enclosure

