

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968763	(X3) DATE SURVEY COMPLETED 12/29/2014
NAME OF PROVIDER OR SUPPLIER Cayman Circle Adult Family Care	STREET ADDRESS, CITY, STATE, ZIP CODE 5843 Cayman Circle West West Palm Beach, FL 33407	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An Initial Licensure Survey for a capacity of 5 residents was conducted on 12/29/14 at Cayman Circle Adult Family Care. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 12, 2015

Administrator
Cayman Circle Adult Family Care
5843 Cayman Circle West
West Palm Beach, FL 33407

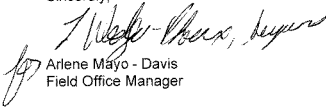
Dear Administrator:

This letter reports the findings of an Initial Licensure Survey conducted on December 29, 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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