

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968386	(X3) DATE SURVEY COMPLETED 12/22/2014
NAME OF PROVIDER OR SUPPLIER Le Bonfire Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 152 Bonfire Ave Melbourne, FL 32907	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

A biennial re licensure survey was conducted on 12/22/2014. Le Bonfire Inc. Assisted Living Facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 20, 2015

Administrator
Le Bonfire Inc
152 Bonfire Ave
Melbourne, FL 32907

RE: Biennial relicensure

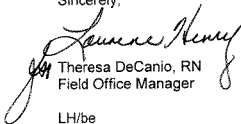
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on December 22, 2014 by representative(s) 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 surveyor(s). Should you have any questions please call Lorraine Henry at (407) 420-2502.

Sincerely,


Theresa DeCanio, RN
Field Office Manager

LH/be
Enclosure

1GGN

