STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967791	**05/28/2015**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
A BANYAN RESIDENCE	**100 BASE AVE EAST VENICE, FL 34285**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

This is the result of an unannounced complaint survey conducted on 5/27/15 through 5/28/15 at A Banyan Residence, an Assisted Living facility located in Venice, Florida.

The survey contained two complaints, CCR # 2015002826 and CCR # 2015004046. Each complaint contained multiple allegations.

CCR# 2015002826 contained 3 Allegations. All allegations were unsubstantiated. No deficiencies were cited.

CCR# 2015004046 contained 2 Allegations. All allegations were unsubstantiated. No deficiencies were cited.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 10, 2015

Administrator
A Banyan Residence
100 Base Ave East
Venice, FL 34285

RE: CCR #2015002826 & 2015004046

Dear Administrator:

This letter reports the findings of a complaint survey completed on May 28, 2015 by a representative of this office.

Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this survey. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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. Should you have any questions, please contact this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

sh
Enclosure: State Form

Fort Myers Field Office
2295 Victoria Avenue, Room 340
Fort Myers, FL 33901
Phone:(239) 335-1315; Fax:(239) 338-2372
AHCA.MyFlorida.com