

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/09/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968683	(X3) DATE SURVEY COMPLETED 06/30/2015
NAME OF PROVIDER OR SUPPLIER BANYAN PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 2950 NW 5TH AVENUE BOCA RATON, FL 33431	

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

0000 - Initial Comments

An Assisted Living Facility capacity increase licensure survey (from a capacity of 24 to 39 residents) was conducted on 6/30/2015 at (Banyan Place). The facility had no deficiencies found at the time of the visit



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 9, 2015

Administrator
Banyan Place
2950 Nw 5th Avenue
Boca Raton, FL 33431

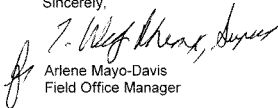
Dear Administrator:

This letter reports findings of a state licensure capacity increase survey that was conducted on June 30, 2015 by a representative 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,



Arlene Mayo-Davis
Field Office Manager

AMD/dmb

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