

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 08/12/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968872	(X3) DATE SURVEY COMPLETED 08/06/2015
NAME OF PROVIDER OR SUPPLIER BETHEL ASSISTED LIVING FACILITY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 411 OCEANSIDE ST SW PALM BAY, FL 32908	

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

0000 Initial Comments

The initial licensure survey was conducted on 8/6/15. Bethel Assisted Living Facility, LLC had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 12, 2015

Administrator
Bethel Assisted Living Facility, LLC
411 Oceanside St SW
Palm Bay, FL 32908

RE: Initial licensure

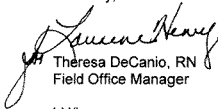
Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on August 6, 2015 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

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