

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 10/21/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965812	(X3) DATE SURVEY COMPLETED 10/07/2015
NAME OF PROVIDER OR SUPPLIER B P ASSISTED LIVING FACILITY II	STREET ADDRESS, CITY, STATE, ZIP CODE 1174 WYNNEWOOD DR WEST PALM BEACH, FL 33417	

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

0000 Initial Comments

On October 7, 2015 a complaint investigation survey (CCR #2015007180 and CCR #2015007233) was conducted at B P Assisted Living Facility II. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 21, 2015

Administrator
B P Assisted Living Facility II
1174 Wynnewood Dr
West Palm Beach, FL 33417

RE: CCR #2015007180 & CCR #2015007233

Dear Administrator:

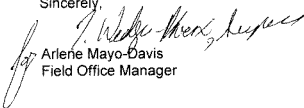
This letter reports the findings of a complaint survey completed on October 7, 2015 by a representative of this office.

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/jw
Enclosure

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