

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/05/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968950	(X3) DATE SURVEY COMPLETED 12/28/2015
NAME OF PROVIDER OR SUPPLIER BRENDLYN ASSISTED LIVING LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 81 BUTTONWORTH DR PALM COAST, FL 32137	

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

0000 Initial Comments

An initial assisted living facility survey was conducted on December 28, 2015. The facility did not have any deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 5, 2016

Administrator
Brendlyn Assisted Living, LLC
81 Buttonworth Drive
Palm Coast, FL 32137

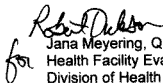
Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on December 28, 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 surveyor. Should you have any questions please call this office at (904) 798-4201.

Sincerely,


Jana Meyering, QIDP
for Health Facility Evaluator Supervisor
Division of Health Quality Assurance

LW/JM/sm
Enclosure

341J

