AGENCY FOR HEALTH CARE ADMINISTRATION

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967791	R 01/05/2016
NAME OF PROVIDER OR SUPPLIER **A BANYAN RESIDENCE**	STREET ADDRESS, CITY, STATE, ZIP CODE **100 BASE AVE EAST** **VENICE, FL 34285**	

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

0000 Initial Comments

An unannounced 2nd revisit survey was conducted on 1/5/16 at A Banyan Residence an Assisted Living Facility in Venice, Florida. This was a follow-up to the re-licensing and complaint survey completed on 10/20/15.

No deficiencies were found at the time of the visit.

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11967791	A. Building B. Wing	1/5/2016

Name of Facility	Street Address, City, State, Zip Code
A BANYAN RESIDENCE	100 BASE AVE EAST VENICE, FL 34285

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC; 429.28 LSC	Correction Completed 01/05/2016	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 01/05/2016	ID Prefix A0055 Reg. # 58A-5.0185(6) FAC LSC	Correction Completed 01/05/2016
ID Prefix A0056 Reg. # 58A-5.0185(7) FAC LSC	Correction Completed 01/05/2016	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
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ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By State Agency	Reviewed By	Date: 1-11-16	Signature of Surveyor: Jovez Alter, AFE II	Date: 1-11-16	
Reviewed By CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:	

Followup to Survey Completed on:	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility?	YES	NO
10/20/2015			

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 11, 2016

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

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 5, 2016 by representatives of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **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 surveyors. Should you have any questions please call this office at (239) 335-1315.

Sincerely,

Jon Seehawer, R.N.
Field Office Manager

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Enclosure: State Form and Revisit Report

DT9D

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