

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/25/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968683	(X3) DATE SURVEY COMPLETED 01/12/2016
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 unannounced Capacity Increase Survey (from a capacity of 39 to 52 residents) was conducted on 1/12/2016 at Banyan Place. The facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

January 25, 2016

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

RE: Capacity Increase

Dear Administrator:

This letter reports findings of a Capacity Increase licensure survey that was conducted on January 12, 2016 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/dso
Enclosure

1GGN

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