

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968682	(X3) DATE SURVEY COMPLETED 04/11/2016
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NAME OF PROVIDER OR SUPPLIER BCJ RETIREMENT HOME, INC. #2	STREET ADDRESS, CITY, STATE, ZIP CODE 5760 NW 40TH TERRACE COCONUT CREEK, FL 33073
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An unannounced licensure complaint survey, CCR# 2016000211, was conducted on April 11, 2016. BCJ Retirement Home Inc, #2 had no deficiencies identified at time of the survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

May 12, 2016

Administrator
Bcj Retirement Home, Inc. #2
5760 Nw 40th Terrace
Coconut Creek, FL 33073

RE: CCR #20160000211

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 11, 2016 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
for Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure

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