

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 09/06/2016
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968682	(X3) DATE SURVEY COMPLETED 08/23/2016
NAME OF PROVIDER OR SUPPLIER BCJ RETIREMENT HOME, INC. #2	STREET ADDRESS, CITY, STATE, ZIP CODE 5760 NW 40TH TERRACE COCONUT CREEK, FL 33073	

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

0000 Initial Comments

An unannounced abbreviated licensure survey was conducted on 8/23/16 at BCJ Retirement Home #2 , License #12535. The facility had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 6, 2016

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

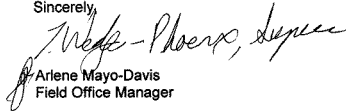
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on August 23, 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 field office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

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