

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/12/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966560	(X3) DATE SURVEY COMPLETED 09/02/2016
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NAME OF PROVIDER OR SUPPLIER BAYAMO ASSISTED LIVING FACILITY, INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1199 SW BAYAMO AVENUE PORT SAINT LUCIE, FL 34953
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A Limited Nursing Services Monitoring survey was conducted on 09/02/2016 at Bayamo Assisted Living Facility, Inc. The facility had no deficiencies at the time of this survey.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

September 12, 2016

Administrator
Bayamo Assisted Living Facility, Inc
1199 SW Bayamo Avenue
Port Saint Lucie, FL 34953

**RE: Relicensure Survey
Limited Nursing Services**

Dear Administrator:

This letter reports findings of a state Relicensure survey that was conducted on September 2, 2016 by 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
Enclosure

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