

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 09/20/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966560	(X3) DATE SURVEY COMPLETED 08/30/2016
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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

An unannounced licensure complaint survey, CCR #2016006249, was conducted on 08/30/2016 at Bayamo Assisted Living Facility, Inc (License #10726). The facility had no deficiencies at the time of the investigation.

This survey was conducted in conjunction with the Relicensure survey on the same date. See separate report for findings.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

September 20, 2016

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

RE: CCR #2016006249

Dear Administrator:

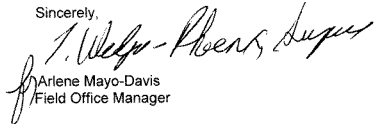
This letter reports the findings of a complaint survey completed on August 30, 2016 by a representative of this office.

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
Field Office Manager

AMD
Enclosure

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