

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/09/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965874	(X3) DATE SURVEY COMPLETED 12/21/2016
NAME OF PROVIDER OR SUPPLIER MANGROVE BAY	STREET ADDRESS, CITY, STATE, ZIP CODE 120 MANGROVE BAY WAY JUPITER, FL 33477	

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

0000 - Initial Comments

A licensure compliant survey CCR2016012298 was conducted at Mangrove Bay, an Assisted Living Facility, located in Jupiter, Florida on 12/22/16., license # AL10191 The facility had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

January 9, 2017

Administrator
Mangrove Bay
120 Mangrove Bay Way
Jupiter, FL 33477

RE: CCR #2016012298

Dear Administrator:

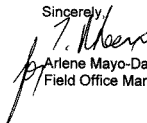
This letter reports the findings of a complaint survey completed on December 21, 2016 by a representative of this office.

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

BJK1

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