STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966352	**01/06/2017**
NAME OF PROVIDER OR SUPPLIER **BIMINI MANOR**	STREET ADDRESS, CITY, STATE, ZIP CODE **3791 67 AVENUE, NORTH** **PINELLAS PARK, FL 33781**	

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

0000 - Initial Comments

Assisted Living Facility

An initial state licensure survey for limited mental health (LMH) licensure was conducted on 1/6/17.

The Bimini Manor, Assisted Living Facility, (License #10566), had no deficiencies at the time of this visit. A recommendation to add an LMH license is being made at this time.

RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 17, 2017

Administrator
Bimini Manor
3791 67 Avenue, North
Pinellas Park, FL 33781

Dear Administrator:

This letter reports findings of an initial limited mental health (LMH) state licensure survey that was conducted on January 6, 2017, by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) Form, which indicates there were no 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 surveyor(s). Should you have any questions please call **Paul Brown**, HFES, at (727) 552-2000.

Sincerely,

for Patricia Reid Caufman
Field Office Manager

PRC/kpr

Enclosure: State (5000-3547) Form

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