

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966990	(X3) DATE SURVEY COMPLETED 01/09/2017
NAME OF PROVIDER OR SUPPLIER BRAYBROOK AT BAYONET POINT	STREET ADDRESS, CITY, STATE, ZIP CODE 7532 STATE ROAD 52 BAYONET POINT, FL 34667	

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

0000 - Initial Comments

Assisted Living Facility

An unannounced Change of Ownership survey (CHOW Provisional License issued for the period 7/12/16 to 1/11/17) was conducted on 1/9/17.

The Braybrook Residence, Assisted Living Facility (License# 11127), had no deficiencies at the time of this visit.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

January 23, 2017

Administrator
Braybrook Residence
(formerly known as Braybrook at Bayonet Point)
7532 State Road 52
Bayonet Point, FL 34667

Dear Administrator:

This letter reports findings of a change of ownership (CHOW) state licensure survey that was conducted on January 9, 2017, by representative(s) 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 surveyor(s). Should you have any questions please call **Teresa Ryan**, RNC, at (727) 552-2000.

Sincerely,


Patricia Reid Cauffman
Field Office Manager

PRC/kpr

Enclosure: State Form 5000-3547

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