STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966990	R **08/16/2018**
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

A revisit was conducted on 8/16/2018 at Braybrook at Bayonet Point assisted living facility (Lic. #11127). The deficient practice previously cited on 6/25/2018 was corrected during the visit.