

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/07/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966560	(X3) DATE SURVEY COMPLETED 11/15/2018
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	

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

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) Monitoring survey was conducted on 11/15/2018 at Bayamo Assisted Living Facility, License #10726. The facility had no deficiencies at the time of the survey.