STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966560	R **01/30/2019**
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 uannounced Relicensure revisit survey was conducted on 01/30/19 at Bayamo Assisted Livings Facility, Inc, license number 10726. The facility corrected all previously cited deficiencies at the time of the survey.