STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966990	**04/17/2019**
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 complaint investigation (2019001315) was conducted at Braybrook at Bayonet Point Assisted Living Facility on 4/17/19. The facility had no deficiencies at the time of the survey.