ADMINISTRATION		FORM APPROVED
STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AC13960064	11/09/2016
NAME OF PROVIDER OR SUPPLIER BSS INTERNATIONAL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 7777 N UNIVERSITY DR SUITE 102 TAMARAC, FL 33321	
(FINDINGS PF	SUMMARY STATEMENT OF DEFIC RECEDED BY TAGS AND REGULATORY I	
0000 INITIAL COMMENTS		
An unannounced relicensure surve #862. The facility had no deficienc	ey was conducted on 11/9/16 at lies found at the time of the visit.	BSS International Inc, Florida license



RICK SCOTT GOVERNOR

JUSTIN M. SENIOR

November 21, 2016

Administrator Bss International Inc 7777 N University Dr Suite 102 Tamarac, FL 33321

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on November 9, 2016 by a representative of this office. Attached is the provider's copy of the State (5000) 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 <a href="http://ahca.my/lorida.com/Publications/Forms.shtml">http://ahca.my/lorida.com/Publications/Forms.shtml</a> 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 representative. Should you have any questions please call this office at (561) 381-5840.

Cincoroly

Arlene Mayo-Davis

AMD/dlt Enclosure

65FO

Delray Beach Field Office 5150 Linton Boulevard, Suite 500 Delray Beach, FL 33484 Phone:(561) 381-5840; Fax:(561) 496-5924 AHCA.MyFlorida.com



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