

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA /
Identification Number
AL11932589

(Y2) Multiple Construction
A. Building
B. Wing

(Y3) Date of Revisit
6/10/2013

Name of Facility

GARDENS OF PORT ST. LUCIE

Street Address, City, State, Zip Code

1699 SE LYNNGATE DRIVE
PORT SAINT LUCIE, FL 34952

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix A0030 Reg. # 58A-5.0182(6) FAC: 429.28 LSC	Correction Completed 06/10/2013	ID Prefix A0054 Reg. # 58A-5.0185(5) FAC LSC	Correction Completed 06/10/2013	ID Prefix A0079 Reg. # 58A-5.019(4) FAC LSC	Correction Completed 06/10/2013
ID Prefix AE208 Reg. # 58A-5.030(9) FAC LSC	Correction Completed 06/10/2013	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed
ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed	ID Prefix Reg. # LSC	Correction Completed

Reviewed By
State Agency
Reviewed By
CMS RO

Reviewed By
TWP
Reviewed By

Date:
7/2/13
Date:

Signature of Surveyor
X. Nelly Thomas for H. Foster
Signature of Surveyor:

Date:
7/2/13
Date:

Followup to Survey Completed on:
2/21/2013

Check for any Uncorrected Deficiencies. Was a Summary of
Uncorrected Deficiencies (CMS-2567) Sent to the Facility?

YES NO



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 02, 2013

Administrator
Gardens Of Port St. Lucie
1699 SE Lyngate Drive
Port Saint Lucie, FL 34952

Re: Change of Ownership (CHOW)

Dear Administrator:

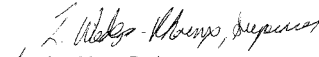
This letter reports the findings of a state licensure survey revisit conducted on June 10, 2013 by a representative from this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit.

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 <http://ahca.myflorida.com/Publications/Forms.shtml> 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.

Sincerely,


for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

JSXD

