

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 08/14/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11953519	(X3) DATE SURVEY COMPLETED 07/25/2013
NAME OF PROVIDER OR SUPPLIER Paradise Care Cottage	STREET ADDRESS, CITY, STATE, ZIP CODE 2277 S.E. Lennard Road Port Saint Lucie, FL 34952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-07/25/2013
 0030-Resident Care - Rights & Facility Procedures-07/25/2013
 0055-Medication - Storage And Disposal-07/25/2013
 0092-Food Service - General Responsibilities-07/25/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 15, 2013

Administrator
Paradise Care Cottage
2277 S.E. Lennard Road
Port Saint Lucie, FL 34952

RE: CCR #2013000379

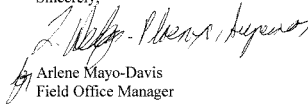
Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on July 25, 2013 by a representative of this office. Attached is the provider's copy of the State Form (5000-3547), 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,



Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

