

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 09/12/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966154	(X3) DATE SURVEY COMPLETED 09/10/2013
NAME OF PROVIDER OR SUPPLIER The Palms Of St Lucie West	STREET ADDRESS, CITY, STATE, ZIP CODE 501 Nw Cashmere Blvd. Fort Pierce, FL 34986	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An unannounced Assisted Living Facility complaint survey inspection (CCR# 2013008438) was conducted on 09/09/2013 - 09/10/2013. The Palms of St. Lucie West, had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 24, 2013

Administrator
The Palms Of St Lucie West
501 NW Cashmere Blvd.
Fort Pierce, FL 34986

RE: CCR #2013008438

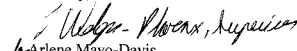
Dear Administrator:

This letter reports the findings of a complaint survey completed on September 10, 2013 by representatives of this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 <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 representatives. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


for Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

