

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/02/2013
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964231	(X3) DATE SURVEY COMPLETED 09/25/2013
NAME OF PROVIDER OR SUPPLIER Nature's Edge	STREET ADDRESS, CITY, STATE, ZIP CODE 699 N.W. Airoso Blvd. Port Saint Lucie, FL 34983	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0010-Admissions - Continued Residency-09/25/2013



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 24, 2013

Administrator
Nature's Edge
699 N.W. Airoso Blvd.
Port Saint Lucie, FL 34983

RE: CCR #2013003765

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on September 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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
Enclosure

