

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 10/09/2013
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)		

Specific Tag Findings:

0000-Initial Comments

An Assisted Living Facility complaint inspection (CCR #2013006812) was conducted on 9/25/13. Nature's Edge had no licensure deficiencies found at the time of the visit.

This inspection was conducted in conjunction with the follow up visit to complaint inspection (CCR #2013003765). Please refer to the separate report for the findings.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

October 25, 2013

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

RE: CCR #2013006812

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on September 25, 2013 by representative(s) of this office. Attached is the provider's copy of the State (5000-3547) 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 <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 surveyor(s). Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dlt
Enclosure

IGGN

