

AGENCY FOR HEALTH CARE  
ADMINISTRATION

PRINTED: 11/22/2013  
FORM APPROVED

|                                                                                                        |                                                                                                |                                                     |
|--------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11911881</b>                      | (X3) DATE SURVEY COMPLETED<br><br><b>11/04/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Divine Senior Care, Inc.</b>                                    | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>4707 Oleander Avenue<br/>Fort Pierce, FL 34982</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                |                                                     |

**List of Tags Cited:**

St - A - 0000 - - Initial Comments

**0000-Initial Comments**

An unannounced Assisted Living Facility complaint inspection (CCR #2013007993) was conducted on 11/04/13. Divine Senior Care had no licensure deficiencies found at the time of the visit.

This survey was done in conjunction with the biennial re-licensure survey and the 2nd Revisit to Complaint CCR #2013004821. Please refer to the separate reports for the findings.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 9, 2013

Administrator  
Divine Senior Care, Inc.  
4707 Oleander Avenue  
Fort Pierce, FL 34982

Re: CCR #2013007993

Dear Administrator:

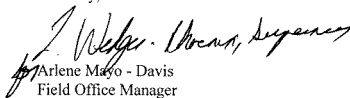
This letter reports the findings of a Complaint Survey completed on November 4, 2013 by a representative from this office.

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 representative. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,

  
Arlene Mayo - Davis  
Field Office Manager

AMD/jw  
Enclosure

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