

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/11/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968248	(X3) DATE SURVEY COMPLETED 04/10/2014
NAME OF PROVIDER OR SUPPLIER Perfect Place 2 (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 2666 Ace Road Port Saint Lucie, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced Relicensure survey was conducted on 4/10/14 at A Perfect Place Assisted Living Facility. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 14, 2014

Administrator
Perfect Place 2 (the)
2666 Ace Road
Port Saint Lucie, FL 34953

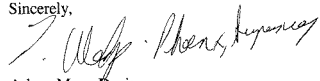
Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on April 10, 2014 by a representative from 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 representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

1GGN

