

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 04/22/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964318	(X3) DATE SURVEY COMPLETED 04/21/2014
NAME OF PROVIDER OR SUPPLIER Place At Stuart, The	STREET ADDRESS, CITY, STATE, ZIP CODE 860 S.E. Central Parkway Stuart, FL 34994	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

0000-Initial Comments

An unannounced licensure complaint survey, CCR# 2014001387, was conducted on 04/21/2014 at The Place at Stuart. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 23, 2014

Administrator
Place At Stuart, The
860 S.E. Central Parkway
Stuart, FL 34994

Re: CCR #2014001387

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 21, 2014 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/dso
Enclosure: State form 5000-3547
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