STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	**04/02/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Treasure Coast	**642 Sw Jacoby Ave** **Port Saint Lucie, FL 34953**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0054-Medication - Records-04/02/2014
0078-Staffing Standards - Staff-04/02/2014
0081-Training - Staff In-Service-04/02/2014
0082-Training - Hiv/aids-04/02/2014
0084-Training - Assis Self-Admin Meds & Med Mgmt-04/02/2014
0090-Training - Do Not Resuscitate Orders-04/02/2014
0161-Records - Staff-04/02/2014
L243-Lmh - Training-04/02/2014
Z815-Background Screening; Prohibited Offenses-04/02/2014

0000-Initial Comments

An unannounced follow-up to the licensure survey was conducted 04/02/14. Treasure Coast had no deficiencies found at the time of the visit.

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 24, 2014

Administrator
Treasure Coast
642 SW Jacoby Ave
Port Saint Lucie, FL 34953

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on April 2, 2014 by a representative from 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,

J. Mayo-Davis, Agency

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547
DT9D

Headquarters
2727 Mahan Drive
Tallahassee, FL 32308
http://ahca.myflorida.com

Delray Beach Field Office
5150 Linton Boulevard, Suite 500
Delray Beach, FL 33484
Phone (561) 381-5840; Fax (561) 496-5924