

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 05/06/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966815	(X3) DATE SURVEY COMPLETED 04/30/2014
NAME OF PROVIDER OR SUPPLIER Circle Of Care (the)	STREET ADDRESS, CITY, STATE, ZIP CODE 4161 Sw Tumble St Fort Pierce, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

Specific Tag Findings:

0000-Initial Comments

An unannounced Limited Nursing Monitoring Visit Survey was conducted on 4/30/14 at The Circle of Care Assisted Living Facility. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 6, 2014

Administrator
Circle Of Care (The)
4161 SW Tumble St
Fort Pierce, FL 34953

Dear Administrator:

This letter reports findings of a State Licensure Limited Nursing Monitoring Visit Survey that was conducted on April 30, 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/jw
Enclosure

IGGN

