

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11932589	(X3) DATE SURVEY COMPLETED 06/09/2014
NAME OF PROVIDER OR SUPPLIER Gardens Of Port St. Lucie	STREET ADDRESS, CITY, STATE, ZIP CODE 1699 Se Lyngate Drive Port Saint Lucie, FL 34952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Specific Tag Findings:

0000-Initial Comments

An Extended Congregate Care (ECC) Monitoring survey was conducted on June 9, 2014. The Brenny Of Port St. Lucie had no licensure deficiencies identified at the time of the survey.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 18, 2014

Administrator
Gardens Of Port St. Lucie
1699 Se Lyngate Drive
Port Saint Lucie, FL 34952

Re: Extended Congregate Care (ECC) Survey

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on June 9, 2014 by a representative of 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/dlt
Enclosure

1GGN

