

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11967020	(X3) DATE SURVEY COMPLETED 09/11/2014
NAME OF PROVIDER OR SUPPLIER Harmony Care Home Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 534 SE Thanksgiving Ave Port Saint Lucie, FL 34984	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0055-Medication - Storage And Disposal-07/24/2014

Specific Tag Findings:

0000-Initial Comments

A unannounced revisit to the LNS Monitoring Visit of 7/24/14 was conducted on 9/11/14 at the Harmony Care Home. the facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 24, 2014

Administrator
Harmony Care Home Inc
534 SE Thanksgiving Ave
Port Saint Lucie, FL 34984

RE: Monitoring Survey

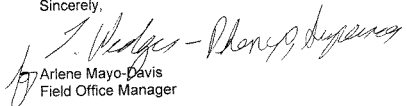
Dear Administrator:

This letter reports the findings of a monitoring survey revisit conducted on September 11, 2014 by a representative of 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.

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
Enclosure

