STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932589	**11/10/2014**
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Gardens Of Port St. Lucie	**1699 SE Lyngate Drive Port Saint Lucie, FL 34952**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0052-Medication - Assistance With Self-Admin-11/10/2014
0054-Medication - Records-11/10/2014

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up to the complaint survey, CCR #2014007822, was conducted on 11/10/2014 at Gardens of Port St. Lucie. The facility had no deficiencies found at the time of the revisit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 25, 2014

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

RE: CCR #2014007822

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on November 10, 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

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