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|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967326</b>                           | (X3) DATE SURVEY COMPLETED<br><br><b>11/18/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>Independent Living With Care Inc</b>                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3165 SW Fambrough St<br/>Port Saint Lucie, FL 34953</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION) |                                                                                                     |                                                     |

**Specific Tag Findings:**

**0000-Initial Comments**

An unannounced Limited Nursing Services Monitoring survey was conducted on 11/18/2014 at the Independent Living with Care Inc. The facility had no deficiencies identified at the time of the visit.



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 2, 2014

Administrator  
Independent Living With Care Inc  
3165 SW Fambrough St  
Port Saint Lucie, FL 34953

**RE: Monitoring Survey**

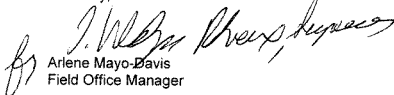
Dear Administrator:

This letter reports findings of a Monitoring survey that was conducted on November 18, 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  
Enclosure

