STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965695	12/23/2014
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Harbor Place At Port St Lucie,	3700 Se Jennings Road Fort Pierce, FL 34952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0075 - 429.255(3-5) Fs - Use Of Personnel; Emergency Care S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced licensure complaint survey, CCR #2014010230, was conducted on 2014 at Harbor Place At Port St. Lucie. The facility had a deficiency found at the time of the visit.

0075-Use of Personnel; Emergency Care 429.255(3-5) FS
Based on observation and an interview, the facility failed to ensure a functioning automated external defibrillator was on premises at all times.

The findings include:

During a tour of the facility conducted on it was noted the facility did not have an automated external defibrillator on the premises for use. Review of the facility's license revealed a bed capacity of 128. Additional review of the facility records revealed a census of 85.

On at 2:00 PM, the Administrator stated during interview that the facility did not have a defibrillator on the premises.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2015

Administrator
Harbor Place At Port St Lucie,
3700 SE Jennings Road
Fort Pierce, FL 34952

RE: CCR #2014010230

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after to verify that the necessary corrections are in place to correct the deficiencies identified on your 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

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