STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11953519	01/15/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Paradise Care Cottage	2277 S.E. Lennard Road Port Saint Lucie, FL 34952	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:
0008-Admissions - Health Assessment-01/15/2015
0010-Admissions - Continued Residency-01/15/2015
0025-Resident Care - Supervision-01/15/2015
0030-Resident Care - Rights & Facility Procedures-01/15/2015
0092-Food Service - General Responsibilities-01/15/2015
0093-Food Service - Dietary Standards-01/15/2015

Specific Tag Findings:

0000-Initial Comments

An unannounced follow-up to complaint survey 2014009591 and 2014009905 was conducted on 1/15/2015, Paradise Care Cottage had no deficiencies found at the time of the visit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 21, 2015

Administrator
Paradise Care Cottage
2277 S.E. Lennard Road
Port Saint Lucie, FL 34952

Dear Administrator:

This letter reports the findings of a state licensure survey revisit conducted on January 15, 2015 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. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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/dso
Enclosure: State Form 5000-3547

DT9D

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