STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965695	**02/24/2015**
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)		

Revisit Corrected Tags:
0075-Use Of Personnel; Emergency Care (aed)-02/24/2015

Specific Tag Findings:

0000-Initial Comments
An unannounced follow-up to licensure complaint survey, CCR #2014010230 was conducted on 02/24/2015. Harbor Place at Port St. Lucie had no deficiencies found at the time of the revisit.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

March 9, 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 revisit conducted on February 24, 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.

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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