

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/15/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968790	(X3) DATE SURVEY COMPLETED 04/02/2015
NAME OF PROVIDER OR SUPPLIER ANGELS WINGS SYNERGY RETREAT, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1920 N 44TH ST FORT PIERCE, FL 34947	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An Assisted Living Facility with Limited Nursing Services (LNS) initial licensure survey (capacity of 5 beds) was conducted on April 2, 2015 at Angels Wings Synergy Retreat, LLC. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 15, 2015

Administrator
Angels Wings Synergy Retreat, LLC
1920 N 44th St
Fort Pierce, FL 34947

Re: Relicensure and Limited Nursing Services (LNS)

Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on April 2, 2015 by a representative from 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/jw
Enclosure

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