

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

PRINTED: 05/04/2015  
FORM APPROVED

|                                                                                                                                                                                                                                                                                                        |                                                                                                 |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11965695</b>                       | (X3) DATE SURVEY COMPLETED<br><br><b>04/22/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HARBOR PLACE AT PORT ST<br/>LUCIE,</b>                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3700 SE JENNINGS ROAD<br/>FORT PIERCE, FL 34952</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                                                                                |                                                                                                 |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>An unannounced licensure complaint survey, CCR# 2015001102 was conducted on 4/21/15 and 4/22/15 at The Harbor Place at Port St Lucie, in conjunction with the biennial licensure survey. The facility had no deficiencies found at the time of the visit.</p> |                                                                                                 |                                                     |



RICK SCOTT  
GOVERNOR  
  
ELIZABETH DUDEK  
SECRETARY

May 5, 2015

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

**RE: CCR #2015001102**

Dear Administrator:

This letter reports the findings of a complaint survey completed on April 21, 2015 and April 22, 2015 by a representative of this office. Attached is the provider's copy of the Statement of Deficiencies, State (5000-3547) Form, indicating no deficiencies were identified during this 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 contact this office at (561) 381-5840.

Sincerely,

  
for Arlene Mayo-Davis  
Field Office Manager

AMD  
Enclosure

