

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/11/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968808	(X3) DATE SURVEY COMPLETED 04/27/2015
NAME OF PROVIDER OR SUPPLIER HARMONY CARE HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 372 SW TODD AVENUE PORT SAINT LUCIE, FL 34983	

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

0000 - Initial Comments

An Assisted Living Facility (5 beds) initial licensure survey was conducted on April 27, 2015 at Harmony Care Home II. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

May 11, 2015

Administrator
Harmony Care Home II
372 SW Todd Avenue
Port Saint Lucie, FL 34983

RE: Initial Licensure Survey

Dear Administrator:

This letter reports the findings of an Initial Licensure survey conducted on April 27, 2015 by a representative of 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. **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
Enclosure

