

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11968833	(X3) DATE SURVEY COMPLETED 05/19/2015
NAME OF PROVIDER OR SUPPLIER LOVING CARE OF THE TREASURE COAST, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2102 SW LARCHMONT PORT SAINT LUCIE, FL 34984	
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 May 19, 2015 at Loving Care Of The Treasure Coast, LLC. The facility had no deficiencies found at the time of the visit.		



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 1, 2015

Administrator
Loving Care Of The Treasure Coast, LLC
2102 SW Larchmont
Port Saint Lucie, FL 34984

RE: Initial Licensure Survey

Dear Administrator:

This letter reports the findings of an Initial Licensure survey conducted on May 19, 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.

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

