

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/01/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964318	(X3) DATE SURVEY COMPLETED 06/22/2015
NAME OF PROVIDER OR SUPPLIER PLACE AT STUART, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 860 S.E. CENTRAL PARKWAY STUART, FL 34994	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2015003860, was conducted on June 22, 2015 at The Place At Stuart. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 01, 2015

Administrator
Place At Stuart, The
860 S.E. Central Parkway
Stuart, FL 34994

RE: CCR #2015003860

Dear Administrator:

This letter reports the findings of a complaint survey completed on June 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. **You will not receive a copy of this report in the mail; you will only receive this faxed copy.**

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,


Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State 5000-3547

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