

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 07/28/2015
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967747	(X3) DATE SURVEY COMPLETED 07/14/2015
NAME OF PROVIDER OR SUPPLIER TREASURE COAST	STREET ADDRESS, CITY, STATE, ZIP CODE 642 SW JACOBY AVE PORT SAINT LUCIE, FL 34953	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR #2015004661, was conducted on 07/14/2015 at Treasure Coast ALF Inc. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

July 28, 2015

Administrator
Treasure Coast
642 SW Jacoby Ave
Port Saint Lucie, FL 34953

RE: CCR #2015004661

Dear Administrator:

This letter reports the findings of a complaint survey completed on July 14, 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 representatives. Should you have any questions, please contact this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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