STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11911881	**07/15/2015**
NAME OF PROVIDER OR SUPPLIER **DIVINE SENIOR CARE, INC.**	STREET ADDRESS, CITY, STATE, ZIP CODE **4707 OLEANDER AVENUE** **FORT PIERCE, FL 34982**	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2015004832, was conducted on 7/15/15 at Divine Senior Care, Inc. The facility had no deficiencies found at the time of the visit.

This survey was conducted in conjunction with the Relicensure survey on the same date. Please see separate report for findings.

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

August 11, 2015

Administrator
Divine Senior Care, Inc.
4707 Oleander Avenue
Fort Pierce, FL 34982

RE: CCR #2015004832

Dear Administrator:

This letter reports the findings of a Complaint Survey completed on July 15, 2015 by a representative from 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,

Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure

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