

**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 10/05/2015  
FORM APPROVED**

|                                                              |                                                                                                       |                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                    | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>AL11953519</b>                           | (X3) DATE SURVEY COMPLETED<br><br><b>09/21/2015</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>PARADISE CARE COTTAGE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2277 S.E. LENNARD ROAD<br/>PORT SAINT LUCIE, FL 34952</b> |                                                     |

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

**0000 Initial Comments**

An unannounced licensure complaint survey, CCR#2015008036, was conducted on 09/21/15 at Paradise Care Cottage. The facility had no deficiencies found at the time of the visit.



RICK SCOTT  
GOVERNOR  
  
ELIZABETH DUDEK  
SECRETARY

October 5, 2015

Administrator  
Paradise Care Cottage  
2277 S.E. Lennard Road  
Port Saint Lucie, FL 34952

**RE: CCR #2015008036**

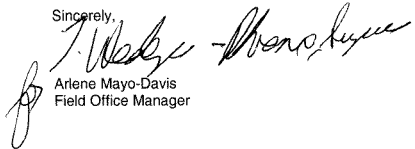
Dear Administrator:

This letter reports findings of a state complaint licensure survey that was conducted on September 21, 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,

A handwritten signature in black ink, appearing to read "Arlene Mayo-Davis", is written over the typed name.

Arlene Mayo-Davis  
Field Office Manager

AMD/dso  
Enclosure: State 5000-3547

1GGN

