AH Form Approved
11/19/2015

State Form: Revisit Report

(Y1) Provider / Supplier / CLIA / Identification Number	(Y2) Multiple Construction	(Y3) Date of Revisit
AL11932589	A. Building B. Wing	11/10/2015

Name of Facility	Street Address, City, State, Zip Code
GARDENS OF PORT ST. LUCIE	1699 SE LYNGATE DRIVE PORT SAINT LUCIE, FL 34952

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed	(Y4) Item	(Y5) Date Correction Completed
ID Prefix **A0025** Reg. # **429.26(7) FS; 58A-5.0182(1** LSC	**11/10/2015**	ID Prefix **A0056** Reg. # **58A-5.0185(7) FAC** LSC	**11/10/2015**	ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	
ID Prefix Reg. # LSC		ID Prefix Reg. # LSC		ID Prefix Reg. # LSC	

Reviewed By W **Reviewed By** W **Date:** 11/24/15 **Signature of Surveyor:** [signature] for [signature] **Date:** 11/19/15

State Agency

Reviewed By **Reviewed By** **Date:** **Signature of Surveyor:** **Date:**

CMS RO

Followup to Survey Completed on:
8/20/2015

Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? **YES** **NO**

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

November 24, 2015

Administrator
Gardens Of Port St. Lucie
1699 SE Lyngate Drive
Port Saint Lucie, FL 34952

RE: CCR #2015005285

Dear Administrator:

This letter reports the findings of a complaint survey revisit conducted on November 10, 2015 by a representative of this office.

Attached is the provider's copy of the Revisit Report, which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

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

DT9D

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