

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 12/08/2015
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932589	(X3) DATE SURVEY COMPLETED 11/18/2015
NAME OF PROVIDER OR SUPPLIER THE GARDENS OF PORT ST. LUCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 1699 SE LYNNGATE DRIVE PORT SAINT LUCIE, FL 34952	

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

0000 Initial Comments

An unannounced licensure complaint survey, CCR#2015008958, was conducted on November 10 and 18, 2015 at Gardens Of Port St. Lucie. The facility had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

December 8, 2015

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

RE: CCR #2015008958

Dear Administrator:

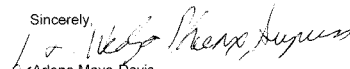
This letter reports the findings of a complaint survey completed on November 10, 2015 and November 18, 2015 by a representative of this office.

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
Enclosure

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