

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11932589	(X3) DATE SURVEY COMPLETED 01/04/2016
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NAME OF PROVIDER OR SUPPLIER THE GARDENS OF PORT ST. LUCIE	STREET ADDRESS, CITY, STATE, ZIP CODE 1699 SE LYNATE DRIVE PORT SAINT LUCIE, FL 34952
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SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments
An unannounced licensure complaint survey, CCR# 2015010646, was conducted on 1/04/16 at The Gardens of Port St. Lucie. The facility had no deficiencies at the time of the investigation.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 19, 2016

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

RE: CCR #2015010646

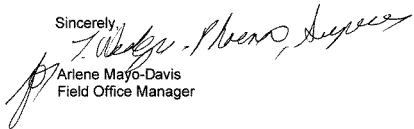
Dear Administrator:

This letter reports the findings of a complaint survey completed on January 4, 2016 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,



Ariene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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