

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967267	(X3) DATE SURVEY COMPLETED 03/23/2016
NAME OF PROVIDER OR SUPPLIER COUNTRY LIVING ASSISTED CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1762 SW ARCH ST PORT SAINT LUCIE, FL 34953	

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

0000 Initial Comments

An unannounced abbreviated relicensure survey was conducted on 03/23/2016 at Country Living Assisted Care Center. Country Living Assisted Care Center had no deficiencies at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

April 5, 2016

Administrator
Country Living Assisted Care Center
1762 SW Arch St
Port Saint Lucie, FL 34953

Dear Administrator:

This letter reports findings of a state licensure survey that was conducted on March 23, 2016 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 and title.

Arlene Mayo-Davis
Field Office Manager

AMD/dso
Enclosure: State form 5000-3547

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