

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/02/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968714	(X3) DATE SURVEY COMPLETED 05/26/2016
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NAME OF PROVIDER OR SUPPLIER TONI MARY HOME ALF CORP	STREET ADDRESS, CITY, STATE, ZIP CODE 6107 NW GAUSE AVENUE PORT SAINT LUCIE, FL 34986
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SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An initial Assisted Living Facility licensure survey for a capacity of 6 residents (OSS beds) was conducted on 5/26/16 at Toni Mary Home ALF Corp. The facility had no deficiencies found at the time of the visit.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

June 2, 2016

Administrator
Toni Mary Home ALF Corp
6107 NW Gause Avenue
Port Saint Lucie, FL 34986

RE: Initial Licensure Survey

Dear Administrator:

This letter reports the findings of an initial Licensure survey conducted on May 26, 2016 by representative(s) 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. **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 . Should you have any questions please call this office at (561) 381-5840.

Sincerely,


Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure

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