

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967326	(X3) DATE SURVEY COMPLETED 05/19/2016
NAME OF PROVIDER OR SUPPLIER INDEPENDENT LIVING WITH CARE INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3165 SW FAMBROUGH ST PORT SAINT LUCIE, FL 34953	

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

0000 Initial Comments

An unannounced Limited Nursing Services Monitoring survey was conducted at the Independent Living with Care on 5/19/16. The facility had no deficiencies identified at the time of the visit.



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

June 2, 2016

Administrator
Independent Living With Care Inc
3165 SW Fambrough St
Port Saint Lucie, FL 34953

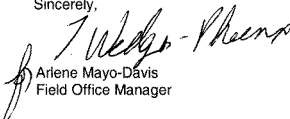
Dear Administrator:

This letter reports findings of a state licensure LNS Monitoring survey that was conducted on May 19, 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,


Arlene Mayo-Davis
Field Office Manager

AMD/dmb

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