

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968931	(X3) DATE SURVEY COMPLETED 09/30/2016
NAME OF PROVIDER OR SUPPLIER VITALITY RESORT ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1258 ERMINE ST PORT SAINT LUCIE, FL 34953	

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

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Initial Comments

A Limited Nursing Services Monitor Survey was conducted at the Vitality Resort ALF, on 9/30/16. The facility had no deficiencies identified at time of the visit..



RICK SCOTT
GOVERNOR
ELIZABETH DUDEK
SECRETARY

October 18, 2016

Administrator
Vitality Resort Alf LLC
1258 Ermine St
Port Saint Lucie, FL 34953

Re: Limited Nursing Services

Dear Administrator:

This letter reports findings of a State Licensure Survey that was conducted on September 30, 2016 by a representative from 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/jw
Enclosure

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