

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11953519	(X3) DATE SURVEY COMPLETED 11/14/2016
NAME OF PROVIDER OR SUPPLIER PARADISE CARE COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 2277 S.E. LENNARD ROAD PORT SAINT LUCIE, FL 34952	

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

0000 Initial Comments

A complaint investigation survey, CCR #2016010147, was conducted on 11/14/16 at Paradise Care Cottage, (License #8585). The facility had no deficiencies at the time of the survey.



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
INTERIM SECRETARY

November 29, 2016

Administrator
Paradise Care Cottage
2277 S.E. Lennard Road
Port Saint Lucie, FL 34952

RE: CCR #2016010147

Dear Administrator:

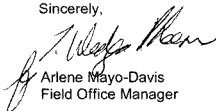
This letter reports the findings of a complaint survey completed on November 14, 2016 by a representative of this office.

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 the field office at (561) 381-5840.

Sincerely,



Arlene Mayo-Davis
Field Office Manager

AMD/ch
Enclosure

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