STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932589	**10/04/2016**
NAME OF PROVIDER OR SUPPLIER **THE GARDENS OF PORT ST. LUCIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1699 SE LYNGATE DRIVE** **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 2016008767, was conducted on 10/04/2016 at The Gardens of Port St. Lucie, license number 8077. The facility had no deficiencies at the time of the investigation.

This Complaint Investigation was conducted in conjunction with a Revisit survey, see separate report.