| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11965169** | R<br>**02/27/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**BROOKDALE PORT ST LUCIE** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**9825 S. U.S. HIGHWAY 1**<br>**PORT SAINT LUCIE, FL 34953** | |

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

**0000 - Initial Comments**

A complaint CCR #2016012214 desk review revisit was conducted on 2/27/17 at Brookdale Port St.Lucie . The facility had no deficiencies identified at the time of the survey.