

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/11/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969176	(X3) DATE SURVEY COMPLETED 04/26/2017
NAME OF PROVIDER OR SUPPLIER THE HOUSE OF CARES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1042 HALEYBERRY AVE PORT SAINT LUCIE, FL 34953	

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

0000 - Initial Comments

An initial licensure survey was conducted on 04/26/2017 at The House of Cares for a capacity of 6 residents. The facility had no deficiencies found at the time of the visit.