

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 05/31/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966659	(X3) DATE SURVEY COMPLETED 05/18/2017
NAME OF PROVIDER OR SUPPLIER JAMAICA SHORES	STREET ADDRESS, CITY, STATE, ZIP CODE 171 SW EULER AVE PORT SAINT LUCIE, FL 34953	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced Limited Nursing Services Monitoring survey was conducted on 5/18/17 at Jamaica Shores, license #10806. The facility had no deficiencies at the time of this survey.		