

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/01/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969204	(X3) DATE SURVEY COMPLETED 05/15/2017
NAME OF PROVIDER OR SUPPLIER HEAVENLY ADULT CARE LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 3934 SW KAKOPO ST PORT SAINT LUCIE, FL 34953	

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

0000 - Initial Comments

On 05/15/2017, an Initial Assisted Living Facility Standard Licensure was conducted at Heavenly Adult Care LLC. The facility had no deficiencies identified at the time of the survey.