STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11964692	**05/17/2017**
NAME OF PROVIDER OR SUPPLIER **QUALITY CARE ASSISTED LIVING O**	STREET ADDRESS, CITY, STATE, ZIP CODE **432 S.W. PRADO AVENUE** **PORT SAINT LUCIE, FL 34983**	

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 5/17/17 at Quality Care Assisted Living of the Treasure Coast, Inc. (License #9258). The facility had no deficiencies at the time of this survey.