STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966154	**05/18/2017**
NAME OF PROVIDER OR SUPPLIER **PALMS OF ST LUCIE WEST (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **501 NW CASHMERE BLVD.** **PORT SAINT LUCIE, FL 34986**	

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

0000 - Initial Comments

An unannounced survey for Limited Nursing Services monitoring survey was conducted on 5/18/17 at Palms of St Lucie West, license # 10438. The facility had no deficiencies at the time of this survey.