| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11967326** | **05/19/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**INDEPENDENT LIVING WITH CARE INC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**3165 SW FAMBROUGH ST**<br>**PORT SAINT LUCIE, FL 34953** | |

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

**0000 - Initial Comments**

An unannounced for Limited Nursing Services Monitoring survey was conducted on 5/19/17 at Independent Living With Care Inc in Port St Lucie, Florida, License #11368. The facility had no deficiencies at the time of this survey.