STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968352	R **06/08/2017**
NAME OF PROVIDER OR SUPPLIER **SAVORAH ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2314 SW RANCH AVENUE** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A desk review revisit to the Limited Mental Health Licensure Survey was conducted on 06/06/2017 and 06/08/2017 for Savorah ALF Inc. Assisted Living Facility located in Port St. Lucie FL, License # 12262. The facility had no deficiencies at the time of the visit.