

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 06/22/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968833	(X3) DATE SURVEY COMPLETED R 06/01/2017
NAME OF PROVIDER OR SUPPLIER LOVING CARE OF THE TREASURE COAST, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2102 SW LARCHMONT PORT SAINT LUCIE, FL 34984	

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

0000 - Initial Comments

A desk review revisit survey to the Relicensure survey was conducted on 06/01/2017 for Loving Care of The Treasure Coast ALF (License # 12683). The facility had no deficiencies identified at the time of the survey.