STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965169	R **07/06/2017**
NAME OF PROVIDER OR SUPPLIER **BROOKDALE PORT ST LUCIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **9825 S. U.S. HIGHWAY 1** **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 Relicensure survey was conducted on 06/26/2017 and 07/06/2017 for Brookdale Port St. Lucie Assisted Living Facility located in Port St. Lucie FL, License # 9628. The facility had no deficiencies at the time of the visit.