

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/14/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968808	(X3) DATE SURVEY COMPLETED R 07/12/2017
NAME OF PROVIDER OR SUPPLIER HARMONY CARE HOME II	STREET ADDRESS, CITY, STATE, ZIP CODE 372 SW TODD AVENUE PORT SAINT LUCIE, FL 34983	

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

0000 - Initial Comments

An unannounced revisit to the Relicensure survey was conducted by desk review on 07/11/2017 and 07/12/2017 for Harmony Care Home II located in Port St. Lucie, FL, License #12687. The facility had no deficiencies at the time of the visit.