STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966154	**07/27/2017**
NAME OF PROVIDER OR SUPPLIER **PALMS OF ST LUCIE WEST (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **501 NW CASHMERE BLVD.** **PORT SAINT LUCIE, FL 34986**	

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

0000 - Initial Comments

An unannounced Abbreviated Re-Licensure with Limited Nursing Services (LNS) survey was conducted on July 27, 2017 at The Palms Of St. Lucie West (License #10438). There were no deficiencies identified at the time of the survey.

The LNS portion of this survey was conducted on a separate date. Please refer to the report for the findings.