STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968054	**08/08/2017**
NAME OF PROVIDER OR SUPPLIER **SOARING EAGLE ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1568 SW CALIFORNIA BLVD** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A Relicensure survey was conducted at Soaring Eagle Assisted Living Facility (license #12052), on 08/08/2017. The facility had no deficiencies identified at the time of the survey.