STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968808	R **05/31/2016**
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 revisit to a Limited Nursing Services Monitoring survey was conducted at Harmony Care Home II, License # 12687 on 5/31/16. Harmony Care Home II had no deficiencies identified at the time of the survey.