STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969237	**08/14/2017**
NAME OF PROVIDER OR SUPPLIER **ALCIME PROFESSIONAL CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2419 SW SANSOM LN** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An Initial Assisted Living Facility licensure survey for 6 beds was conducted on August 14, 2017 at Alcime Professional Care LLC. The facility had no deficiencies found at the time of the visit.