STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965695	R **08/31/2017**
NAME OF PROVIDER OR SUPPLIER **HARBOR PLACE AT PORT ST LUCIE,**	STREET ADDRESS, CITY, STATE, ZIP CODE **3700 SE JENNINGS ROAD** **FORT PIERCE, FL 34952**	

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

0000 - Initial Comments

A relicensure revisit survey was conducted by desk review on 8/31/2017 for The Harbor Place At Port St. Lucie (License #10035). The facility had no uncorrected deficiencies identified at the time of the survey.