STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969250	**09/05/2017**
NAME OF PROVIDER OR SUPPLIER **BEST LOVING CARE #1 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **448 SE JUSTINE TERR** **PORT SAINT LUCIE, FL 34983**	

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

0000 - Initial Comments

On 09/05/2017, an Initial licensure with Limited Nursing Services survey was conducted at Best Loving Care #1, LLC, license number to be determined. The facility had no deficiencies identified at the time of the survey.