STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969228	**09/25/2017**
NAME OF PROVIDER OR SUPPLIER **LIVE, LOVE, LAUGH ASSISTED LIVING INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1766 SW COLUMBIA ST** **PORT SAINT LUCIE, FL 34987**	

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

0000 - Initial Comments

An Initial Licensure survey for a 6 bed standard Assisted Living Facility (ALF) was conducted on September 25, 2017 at Live, Love, Laugh Assisted Living, Inc. The facility had no deficiencies found at the time of the visit.