STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969281	**10/19/2017**
NAME OF PROVIDER OR SUPPLIER **SAVORAH ALF II LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2369 SW FERN CIR** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An announced Initial Licensure survey for a 6 bed standard Assisted Living Facility (ALF) was conducted on October 19, 2017 at Savorah ALF II LLC. The facility had no deficiencies found at the time of the visit.