STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968469	R **11/07/2017**
NAME OF PROVIDER OR SUPPLIER **TOUCH OF GRACE ASSISTED LIVING FACILITY, LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3425 SW RIVERA STREET** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A desk review revisit was conducted on 11/07/2017 for A Touch of Grace ALF in Port Saint Lucie, FL (License # 12380). No deficiencies were found at the time of the visit.