| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X3) DATE SURVEY COMPLETED |
|---|---|---|
| | **AL11969285** | **10/30/2017** |
| NAME OF PROVIDER OR SUPPLIER<br>**VITALITY STAR RESORT ALF LLC** | STREET ADDRESS, CITY, STATE, ZIP CODE<br>**591 SW BRADSHAW CIR**<br>**PORT SAINT LUCIE, FL 34953** | |

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

**0000 - Initial Comments**

An Initial Licensure including Limited Nursing Services and Limited Mental Health was conducted on 10/30/17 at Vitality Star Resort ALF LLC. The facility had no deficiencies identified at the time of the survey.