

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 11/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11968931	(X3) DATE SURVEY COMPLETED 11/02/2017
NAME OF PROVIDER OR SUPPLIER VITALITY RESORT ALF LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1258 ERMINE ST PORT SAINT LUCIE, FL 34953	

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

0000 - Initial Comments

An unannounced Limited Nursing Services Monitoring survey was conducted on 11/2/17 at Vitality Resort ALF LLC, License #12786. There were no deficiencies identified at the time of the visit.