STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969295	**11/30/2017**
NAME OF PROVIDER OR SUPPLIER **NEW DIMENSION FAMILY CARE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **849 SW HAMBERLAND AVE** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An Initial Assisted Living Facility Licensure survey for a capacity of 6 was conducted on 11/30/17 at New Dimensions Family Care Inc. The facility had no deficiencies identified during the survey.