STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969204	**12/13/2017**
NAME OF PROVIDER OR SUPPLIER **HEAVENLY ADULT CARE LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **3934 SW KAKOPO ST** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A Limited Nursing Services Monitoring survey was conducted on 12/13/17 at Heavenly Adult Care LLC, License #13020. The facility had no deficiencies at the time of the visit.