STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968469	**12/20/2017**
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

An unannounced licensure complaint survey, CCR#2017011200, was conducted on December 20, 2017 at Touch Of Grace Assisted Living Facility, License #12380. The facility had no deficiencies identified at the time of the investigation.