STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965695	R **01/08/2018**
NAME OF PROVIDER OR SUPPLIER **HARBOR PLACE AT PORT ST LUCIE,**	STREET ADDRESS, CITY, STATE, ZIP CODE **3700 SE JENNINGS ROAD** **FORT PIERCE, FL 34952**	

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

0000 - Initial Comments

A Revisit to a complaint investigation (CCR #2017008340) was conducted as a desk review on January 8, 2018 for Harbor Place At Port St. Lucie, License #10035. A previously cited deficiency was found corrected.