

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 02/16/2018
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967743	(X3) DATE SURVEY COMPLETED R 02/05/2018
NAME OF PROVIDER OR SUPPLIER NEW LIFE ASSISTED LIVING INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1301 WYOMING AVE FORT PIERCE, FL 34982	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)		
0000 - Initial Comments An unannounced revisit to the licensure complaint survey #2017010160 was conducted on 02/05/18 at New Life Assisted Living Inc., License # 11797. The previously cited deficiency was found corrected.		