STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969328	**02/05/2018**
NAME OF PROVIDER OR SUPPLIER **FABULOUS RESORT ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1762 SE CARVALHO ST** **PORT SAINT LUCIE, FL 34983**	

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

0000 - Initial Comments

An announced Initial Licensure survey for an Assisted Living Facility (6 beds) was conducted on February 5, 2018 at Fabulous Resort Assisted Living, LLC. The facility had no deficiencies at the time of the visit.