STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968054	R **02/19/2018**
NAME OF PROVIDER OR SUPPLIER **SOARING EAGLE INVESTMENT ASSISTED LIVING FACILITY**	STREET ADDRESS, CITY, STATE, ZIP CODE **1568 SW CALIFORNIA BLVD** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A desk review revisit to Complaint survey, CCR #2017011335, was conducted on 02/19/2018 for Soaring Eagle Investment Assisted Living Facility (Lic #12052). The outstanding deficiency was corrected.