STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969337	**02/20/2018**
NAME OF PROVIDER OR SUPPLIER **WATERCREST OF ST LUCIE WEST ASSISTED LIVING AND**	STREET ADDRESS, CITY, STATE, ZIP CODE **279 NW CALIFORNIA BLVD** **PORT SAINT LUCIE, FL 34986**	

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

0000 - Initial Comments

An announced Initial licensure survey for a capacity of 132 bed Assisted Living Facility (ALF) with Limited Nursing Services (LNS) was conducted on February 20, 2018 at Watercrest Of St. Lucie West Assisted Living and Memory Care. The facility had no deficiencies found at the time of the visit.