STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967747	R **03/26/2018**
NAME OF PROVIDER OR SUPPLIER **TREASURE COAST ALF INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **642 SW JACOBY AVE** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A desk review relicensure revisit was conducted on 03/23/2018 & 03/26/2018 for Treasure Coast ALF (Lic#12156). All outstanding deficiencies were corrected.