

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 04/03/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966659	(X3) DATE SURVEY COMPLETED R 03/21/2018
NAME OF PROVIDER OR SUPPLIER JAMAICA SHORES	STREET ADDRESS, CITY, STATE, ZIP CODE 171 SW EULER AVE PORT SAINT LUCIE, FL 34953	

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

0000 - Initial Comments

A relicensure revisit survey was conducted by desk review on 03/16/18, 03/17/18 & 03/21/18 for Jamaica Shores, License #10806. All outstanding deficiencies were corrected.