STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965391	R **04/30/2018**
NAME OF PROVIDER OR SUPPLIER **AURORA OF THE TREASURE COAST**	STREET ADDRESS, CITY, STATE, ZIP CODE **6609 N. US1** **FORT PIERCE, FL 34949**	

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

0000 - Initial Comments

An unannounced revisit to the abbreviated relicensure survey was conducted on 04/30/2018 at Aurora Of The Treasure Coast, License # 9759. Previously cited deficiencies were found corrected.