STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968248	R **04/27/2018**
NAME OF PROVIDER OR SUPPLIER **PERFECT PLACE 2 (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2666 ACE ROAD** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A Relicensure survey revisit was conducted by desk review on 04/27/2018 for Perfect Place 2 (The), License #12184. The facility had no deficiencies at the time of the Desk Review.