STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11932589	R **06/15/2018**
NAME OF PROVIDER OR SUPPLIER **THE GARDENS OF PORT ST. LUCIE**	STREET ADDRESS, CITY, STATE, ZIP CODE **1699 SE LYNGATE DRIVE** **PORT SAINT LUCIE, FL 34952**	

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

0000 - Initial Comments

A licensure complaint revisit survey, CCR #2018000418, was conducted by desk review on 06/15/18 for The Gardens of Port St. Lucie, license #8077. The facility corrected all outstanding deficiencies at the time of the survey.

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