STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967267	R **05/23/2018**
NAME OF PROVIDER OR SUPPLIER **COUNTRY LIVING ASSISTED CARE CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **1762 SW ARCH ST** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced Revisit to the re-licensure survey was conducted on 05/23/18 at Country Living Assisted Care Center Inc., License #11331 . Previously cited deficiencies were found corrected.