STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969183	R **06/21/2018**
NAME OF PROVIDER OR SUPPLIER **CARING HANDS OF THE TREASURE COAST LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **4022 SW BAMBERG 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 licensure complaint survey CCR# 2018000728, was conducted on 6/21/18 at Caring Hands of the Treasure Coast, License #12995. Previously cited deficiencies were found corrected.