STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968714	R **06/21/2018**
NAME OF PROVIDER OR SUPPLIER **TONI MARY HOME ALF CORP**	STREET ADDRESS, CITY, STATE, ZIP CODE **1662 SW ALVATON AVENUE** **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 Relicensure survey was conducted on 06/21/2018 at Toni Mary Home ALF Corp, License #12845. All previously cited deficiencies were found corrected.