STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969396	**07/10/2018**
NAME OF PROVIDER OR SUPPLIER **FOR HIS GLORY ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **322 SW SOUTH QUICK CIRCLE** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An announced Initial Licensure survey for an Assisted Living Facility (capacity of 6 beds) was conducted on July 10, 2018 at For His Glory ALF LLC. The facility had no deficiencies at the time of the visit.