

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 07/23/2018
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11969403	(X3) DATE SURVEY COMPLETED 07/09/2018
NAME OF PROVIDER OR SUPPLIER ANGEL OF LIGHT ASSISTED LIVING FACILITY, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 613 SW HOMELAND RD 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 (for a capacity of 6 beds) was conducted on July 9, 2018 at Angel Of Light Assisted Living Facility LLC. The facility had no deficiencies at the time of the visit.