STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966154	**06/18/2018**
NAME OF PROVIDER OR SUPPLIER **PALMS OF ST LUCIE WEST (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **501 NW CASHMERE BLVD.** **PORT SAINT LUCIE, FL 34986**	

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

0000 - Initial Comments

An unannounced licensure complaint survey, CCR#2018004526 was conducted at Palms of St Lucie West, License #10438, on June 18, 2018. The facility had no deficiencies identified at the time of the visit.