STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968931	R **07/06/2018**
NAME OF PROVIDER OR SUPPLIER **VITALITY RESORT ALF LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **1258 ERMINE ST** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

An unannounced second revisit to the Relicensure survey, was conducted on 07/06/2018 at Vitality Resort ALF, LLC, License # 12786. All previsouly cited deficiencies were found corrected at the time of the visit.