STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969400	**07/24/2018**
NAME OF PROVIDER OR SUPPLIER **SUPERIOR LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **496 SE VERADA AVE** **PORT SAINT LUCIE, FL 34983**	

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 (6 beds), with a Limited Mental Health (LMH) specialty license, was conducted on July 24, 2018 at Superior Living LLC. The facility had no deficiencies found at the time of the visit.