STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969412	**08/17/2018**
NAME OF PROVIDER OR SUPPLIER **CARING ASSISTED LIVING LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **2588 SW GROTTO CIRCLE** **PORT SAINT LUCIE, FL 34953**	

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

0000 - Initial Comments

A Standard Assisted Living Facility Initial Licensure survey for a capacity of 5 was conducted on August 17, 2018 at Caring Assisted Living LLC. The facility had no deficiencies at the time of the visit.