STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969250	**09/19/2018**
NAME OF PROVIDER OR SUPPLIER **BEST LOVING CARE #1 LLC**	STREET ADDRESS, CITY, STATE, ZIP CODE **448 SE JUSTINE TERR** **PORT SAINT LUCIE, FL 34983**	

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

0000 - Initial Comments

An unannounced Limited Nursing Services (LNS) Monitoring survey was conducted on 9/19/18, at Best Loving Care #1 LLC, License #13022. The facility had no deficiencies at the time of the survey.

A generator monitoring assessment was also completed at the time of the survey.