STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968931	**09/19/2018**
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 Limited Nursing Services (LNS) Monitoring survey was conducted on 09/19/2018 at Vitality Resort ALF LLC, License #12786. The facility had no deficiencies at the time of the visit.

A Generator Assessment was conducted during the above monitoring survey.

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