STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969337	**09/27/2018**
NAME OF PROVIDER OR SUPPLIER **WATERCREST OF ST LUCIE WEST ASSISTED LIVING AND**	STREET ADDRESS, CITY, STATE, ZIP CODE **279 NW CALIFORNIA BLVD** **PORT SAINT LUCIE, FL 34986**	

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 9/27/18 at Watercrest of St Lucie West Assisted Living And Memory Care, License #13134. The facility had no deficiencies at the time of the survey.