STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968054	R **11/02/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOARING EAGLE INVESTMENT ASSISTED LIVING FACILITY	**1568 SW CALIFORNIA BLVD** **PORT SAINT LUCIE, FL 34953**

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

0000 - Initial Comments

An unannounced licensure complaint revisit survey, CCR #2018007862, was conducted by desk review on 11/02/2018 for Soaring Eagle Investment Assisted Living Facility, License #12052. The previously cited deficiency was found corrected on the day of the survey.