STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966815	**11/15/2018**
NAME OF PROVIDER OR SUPPLIER **CIRCLE OF CARE (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **4161 SW TUMBLE 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 Monitoring survey was conducted on 11/15/2018 at The Circle of Care, License #10938. The facility had no deficiencies identified at the time of the survey.

(Note:The Relicensure survey was conducted in conjunction with the LNS survey on a separate date.See separate report for findings.)